

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION

4 - - -

5 IN RE: NATIONAL :  
PRESCRIPTION : MDL No. 2804  
6 OPIATE LITIGATION :  
\_\_\_\_\_ : Case No.  
7 : 1:17-MD-2804  
THIS DOCUMENT RELATES :  
8 TO ALL CASES : Hon. Dan A. Polster

9 - - -

10 Thursday, January 3, 2019  
11 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
CONFIDENTIALITY REVIEW

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14 Videotaped deposition of JILL A. STRANG, held  
15 at the offices of Cavitch, Familo & Durkin,  
16 1300 East Ninth Street, Cleveland, Ohio, commencing at  
17 8:57 a.m., on the above date, before Carol A. Kirk,  
18 Registered Merit Reporter and Notary Public.

19

20 - - -

21

22 GOLKOW LITIGATION SERVICES  
877.370.3377 ph | 917.591.5672 fax  
23 deps@golkow.com  
24

1 A P P E A R A N C E S:

2 On behalf of the Plaintiffs:

3 COHEN & MALAD, LLP

BY: EDWARD "NED" B. MULLIGAN, V, ESQUIRE

4 nmulligan@cohenandmalad.com

One Indiana Square, Suite 1400

5 Indianapolis, Indiana 46204

317-636-6481

6 and

LEVIN PAPANTONIO THOMAS MITCHELL

7 RAFFERTY & PROCTOR P.A.

BY: JEFF GADDY, ESQUIRE (via teleconference)

8 jgaddy@levinlaw.com

316 South Baylen Street, Suite 600

9 Pensacola, Florida 32502

205-435-7000

10

11 On behalf of Discount Drug Mart:

12 CAVITCH FAMILO & DURKIN

BY: TIMOTHY JOHNSON, ESQUIRE

13 tjohnson@cavitch.com

1300 East Ninth Street, 20th Floor

14 Cleveland, Ohio 44114

216-621-7860

15

16 On behalf of the Cardinal Health, Inc.:

17 PORTER WRIGHT MORRIS & ARTHUR LLP

BY: JILL G. OKUN, ESQUIRE

18 jokun@porterwright.com

950 Main Avenue, Suite 500

19 Cleveland, Ohio 44113

202-443-2508

20

21 On behalf of the AmerisourceBergen:

JACKSON KELLY PLLC

22 BY: SANDRA K. ZERRUSEN, ESQUIRE

skzerrusen@jacksonkelly.com

23 50 South Main Street, Suite 201

Akron, Ohio 44308

24 330-252-9060

1 On behalf of HBC (via teleconference and live stream):

2 MARCUS & SHAPIRA LLP

3 BY: MOIRA CAIN-MANNIX, ESQUIRE

4 cain-mannix@marcus-shapira.com

5 One Oxford Center, 35th Floor

6 301 Grant Street

7 Pittsburgh, Pennsylvania 15219-6401

8 412-338-3344

9

10 On behalf of Walmart (via teleconference and live  
11 stream):

12 JONES DAY

13 BY: SHUBHA M. HARRIS, ESQUIRE

14 shubhaharris@jonesday.com

15 90 South Seventh Street, Suite 4950

16 Minneapolis, Minnesota 55402

17 612-217-8800

18

19 On behalf of Endo Pharmaceuticals, Inc. and  
20 Endo Health Solutions Inc. (via teleconference and  
21 live stream):

22 ARNOLD & PORTER KAYE SCHOLER, LLP

23 BY: TIFFANY M. IKEDA, ESQUIRE

24 tiffany.ikeda@apks.com

777 S. Figueroa Street, Suite 4400

Los Angeles, California 90017

213-243-4000

25

26 On behalf of Johnson & Johnson and  
27 Janssen Pharmaceuticals:

28

29 TUCKER ELLIS LLP

30 BY: ERICA M. JAMES, ESQUIRE

31 erica.james@tuckerellis.com

32 950 Main Avenue, Suite 1100

33 Cleveland, Ohio 44113

34 216-592-5000

35

36

1 On behalf of McKesson:  
2 ULMER & BERNE, LLP  
3 BY: GREGORY C. DJORDJEVIC, ESQUIRE  
4 gdjordjevic@ulmer.com  
5 1660 West 2nd Street, Suite 1100  
6 Cleveland, Ohio 44113  
7 216-583-7000

8 ALSO PRESENT:  
9 Tom McConnell, Discount Drug Mart  
10 Haley Roach, Cohen & Malad  
11 Darnell Brown, Videographer  
12 Cory Smith, Trial Technician  
13  
14  
15  
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2 P R O C E E D I N G S

3 - - -

4 THE VIDEOGRAPHER: Good morning.

5 We are now on the record. My name is  
6 Darnell Brown, and I'm the videographer  
7 with Golkow Litigation Services.

8 Today's date is January 3, 2019,  
9 and the time is 8:57 a.m. This video  
10 deposition is being held in Cleveland,  
11 Ohio, in the matter of National  
12 Prescription Opioid Litigation for the  
13 United States District Court for the  
14 Northern District of Ohio. The deponent  
15 is Jill Strang.

16 Counsel, please identify  
17 yourselves for the record.

18 MR. MULLIGAN: Edward Mulligan and  
19 Haley Roach for Plaintiffs.

20 MR. JOHNSON: Tim Johnson for  
21 Discount Drug Mart.

22 MS. JAMES: Erica James of Tucker  
23 Ellis on behalf of Janssen  
24 Pharmaceuticals and Johnson & Johnson.

1 MS. ZERRUSEN: Sandy Zerrusen of  
2 Jackson Kelly on behalf of  
3 AmerisourceBergen.

4 MR. DJORDJEVIC: Greg Djordjevic,  
5 Ulmer & Berne, on behalf of McKesson.

6 MS. OKUN: Jill Okun, Porter  
7 Wright, on behalf of Cardinal Health.

8 THE VIDEOGRAPHER: Counsel on the  
9 phone.

10 MS. CAIN-MANNIX: Yes. This is  
11 Moira Cain-Mannix from Marcus & Shapira  
12 LLP on behalf of HBC Services Company.

13 MR. MULLIGAN: Is that everybody?  
14 All right. The gang is all here.

15 THE VIDEOGRAPHER: The court  
16 reporter is Carol Kirk who will now  
17 swear in the witness.

18 - - -

19 JILL A. STRANG  
20 being by me first duly sworn, as hereinafter  
21 certified, deposes and says as follows:

22 CROSS-EXAMINATION

23 BY MR. MULLIGAN:

24 Q. Good morning, Ms. Strang.

1 A. Good morning.

2 Q. I appreciate you being here today.

3 My name is Edward Mulligan. I'm a  
4 lawyer at Cohen & Mallad in Indianapolis, and I  
5 represent the Plaintiffs in this litigation.

6 Would you please state your full  
7 name for the record.

8 A. Jill Ann Strang.

9 Q. Is that A-n-n-e?

10 A. A-n-n. No E.

11 Q. No E?

12 A. No E.

13 Q. Okay. And what's your current  
14 occupation?

15 A. I'm the pharmaceutical buyer and  
16 the pharmacy warehouse supervisor at Discount  
17 Drug Mart.

18 Q. Pharma buyer and pharmaceutical --

19 A. Warehouse supervisor, manager.

20 Q. How long have you had those two  
21 roles -- well, strike that.

22 Would you describe those as two  
23 roles, or is it one role that has two titles?

24 A. Two roles.

1 Q. Okay.

2 A. Because the buying part of it is  
3 one side of my job. The other side is managing  
4 the warehouse every day on the -- every day with  
5 my crew.

6 Q. Okay. So are you -- as the  
7 pharmacy warehouse supervisor, do you manage  
8 everybody who's located in the warehouse?

9 A. Yes, in the pharmacy warehouse.

10 Q. Okay. And are you the only  
11 pharmacy buyer?

12 A. Yes.

13 Q. And how long have you had those  
14 two titles?

15 A. Twenty-one years.

16 Q. Okay. You had them both for the  
17 entirety of the --

18 A. Yes.

19 Q. -- your time there?

20 A. Yes.

21 Q. And did you hold a different  
22 position at -- I'm going to call it DDM for  
23 purposes of today; is that fair?

24 A. Yes.

1 Q. Okay. And that refers to Discount  
2 Drug Mart?

3 A. Yes.

4 Q. All right. So have you been at  
5 DDM for more than 21 years?

6 A. Yes, I've been there for 33 years.

7 Q. Okay. And what was your title  
8 prior to the two you just mentioned?

9 A. When I first started, I worked at  
10 one of our store locations. And then I came up  
11 to corporate and I've been there for 25 years.  
12 And before the job that I'm holding right now, I  
13 worked in operations of DDM and I was assistant  
14 to the director of operations.

15 Q. Okay. We'll get back to that  
16 later, but I just wanted to kind of get a  
17 picture as to what you've done there.

18 A. Okay.

19 Q. What year did you start there?

20 A. I started in 1985.

21 Q. And what's your -- I assume when  
22 you go to work in the morning, you go to the  
23 warehouse?

24 A. Yes.

1 Q. And is that in Medina?

2 A. Yes.

3 Q. Is that warehouse physically  
4 located near the corporate headquarters?

5 A. Yes. It's inside the corporate  
6 headquarters.

7 Q. Okay. So when you go to work, you  
8 go to the same place that Mr. McConnell --

9 A. Yes.

10 Q. -- and Mr. Ratycz --

11 A. Right.

12 Q. -- go to?

13 A. Yes. Correct.

14 Q. Okay.

15 MR. JOHNSON: Okay. You need to  
16 slow down a little bit.

17 A. Oh, sorry.

18 Q. That's all right. It's sort of  
19 one of those things where you're in conversation  
20 and you're trying to fill the space. But if you  
21 sat there and counted to three and then gave me  
22 an answer, I'm okay with that, too.

23 A. Okay. I'm excited I know the  
24 answers.

1 Q. These --

2 MR. JOHNSON: They're only going  
3 to get harder.

4 THE WITNESS: Okay.

5 MR. MULLIGAN: Well, I don't know.

6 BY MR. MULLIGAN:

7 Q. Okay. I think you -- we chatted a  
8 little bit before the deposition about those  
9 kind of rules, right?

10 A. Yes.

11 Q. Okay. And I asked you if you had  
12 been deposed before and I think you said you  
13 weren't sure if it was a deposition, but you had  
14 given testimony at some point?

15 A. Yes, I have.

16 Q. Okay. When was that?

17 A. Back in 1991 or '92.

18 Q. Okay. What was that related to?

19 A. I was a resident advisor in -- at  
20 Bowling Green State University.

21 Q. Okay.

22 A. And a young lady on my floor -- it  
23 was a rape case.

24 Q. Oh, no.



1           A.     And so I was questioned because I  
2     was -- happened to be the person that picked her  
3     up from the scene. So I was disposed from her  
4     lawyer and the other lawyer.

5           Q.     So that was part of a civil suit?

6           A.     Yeah. It never went to trial --

7           Q.     Mm-hmm.

8           A.     -- but I did have to sit and talk  
9     with the lawyers.

10          Q.     So it would be fair to say that  
11     you provided facts type testimony about what  
12     happened?

13          A.     Yes.

14          Q.     Okay. All right. And you  
15     understand you're under oath today, correct?

16          A.     Correct. Yes, sir.

17          Q.     And you understand that means you  
18     have to tell the truth and nothing but the  
19     truth, right?

20          A.     Yes.

21          Q.     Okay. And we're -- you're getting  
22     better with the verbal answers, so I'll just  
23     remind you, you know, to say "yes" and "no" as  
24     opposed to shaking your head and obviously wait

1 to let me finish my question. And we'll -- like  
2 I said, we'll try to do our best to remind you  
3 if we get off track, okay?

4 A. Yes.

5 Q. It's also not a marathon. So  
6 we'll take breaks. Likely some bathrooms breaks  
7 and a lunch break. My only request is that if  
8 we're on a document, that we finish the  
9 document, or if there's a question pending, that  
10 you answer the question before we take a break,  
11 okay?

12 A. Okay.

13 Q. I'm going to use a couple  
14 abbreviations today just to make things go  
15 faster. One of them is going to be suspicious  
16 order monitoring, I'm going to refer to as SOM;  
17 is that fair?

18 A. Yes.

19 Q. Or I may refer to it in the long  
20 version, but I'm going to try to be efficient.  
21 Obviously we talked about DDM for Discount Drug  
22 Mart?

23 A. Yes.

24 Q. Okay. And Controlled Substances

1 Act, I may refer to as the CSA; is that fair?

2 A. Yes.

3 Q. Okay. All right. I'm going to  
4 hand you -- or Ms. Roach is going to hand you  
5 what she's marking as Exhibit 1.

6 - - -

7 (DDM-Strang Exhibit 1 marked.)

8 - - -

9 Q. And this is Plaintiffs' Notice of  
10 Oral Videotaped Fact Deposition of Jill Strang.  
11 And, again, you can look at the hard copy or you  
12 can look at the screen as well. He's typically  
13 going to highlight what we're talking about.

14 Have you ever seen this document  
15 before?

16 A. Yes.

17 Q. Okay. When was the first time you  
18 saw it?

19 A. When it was sent to me when I was  
20 told that this case would be on January 3rd.

21 Q. Okay. And what did you do, if  
22 anything, to prepare for today's deposition?

23 A. I read the depositions of Jason  
24 Briscoe and Pete Ratycz, and I met with

1 Mr. Johnson to prepare myself for today.

2 Q. Okay. And did you select those  
3 deposition transcripts to review or did somebody  
4 select them for you?

5 A. They were sent to me --

6 Q. Okay.

7 A. -- for review.

8 Q. Were they sent to you by a lawyer?

9 A. Yes.

10 Q. Okay. Were you provided with any  
11 other deposition transcripts?

12 A. No.

13 Q. Okay. Did you read those  
14 transcripts from front to back?

15 A. Yes.

16 Q. Okay. They were long, weren't  
17 they?

18 A. Yes.

19 Q. And how much time would you say  
20 you spent reading those transcripts?

21 A. Probably about six to eight hours.

22 Q. Okay. Each or total?

23 A. Total.

24 Q. Okay. Did you read them in one

1 fell swoop or did you read one and then the  
2 other?

3 A. I read Jason's first and then  
4 about a week later, I received Mr. Ratycz's.

5 Q. Okay. Any particular reason why  
6 you felt the need to read those depositions  
7 before your deposition today?

8 A. Number one, so I could see the  
9 process, and the other was to see what subjects  
10 they were talking about, if they pertained to  
11 me.

12 Q. Okay. So one of the things that  
13 we're doing here today is we're here to probe  
14 what your personal knowledge is, and so  
15 obviously the fact that you've reviewed those  
16 depositions makes it a little more difficult,  
17 because potentially some of your knowledge now  
18 includes their knowledge.

19 So I guess what I would ask you  
20 is, if I ask you a question and you only know  
21 the answer because of something you read in one  
22 of those depositions, would you please let me  
23 know that?

24 A. Yes.

1 Q. Okay. And I'll probably ask those  
2 follow-ups. But in case I don't, you know, if  
3 your knowledge is limited solely to the fact  
4 that you've read it in a deposition, I'd like  
5 you to let me know.

6 Is that fair?

7 A. That's fair. Thank you.

8 Q. Were there any topics that you  
9 identified in either of those depositions that  
10 you felt pertains to you, as you stated?

11 A. Yes.

12 Q. And what were those topics?

13 A. Anything associated with the  
14 distribution center.

15 Q. Okay. Anything else?

16 A. No.

17 Q. Okay. What about suspicious order  
18 monitoring?

19 A. Yes, but we do have -- we do have  
20 procedures and a system in place, but pertaining  
21 to what they talked about, I'm the end user of  
22 that. So I had my own of what I wanted to say  
23 about it, although they touched on it.

24 Q. Okay. So you can color in some of

1 the lines that they only could give us the  
2 framework for?

3 A. Yes.

4 Q. Okay. And -- okay. We'll get to  
5 that. Would it be fair to say that your --  
6 strike that.

7 Okay. Did you review anything  
8 else in preparation for today's deposition?

9 A. Not really, no.

10 Q. Okay. So I had a friend who went  
11 across the border once when we were underage and  
12 the customs agent turned to us and said, "Do you  
13 guys have anything to declare?"

14 And we had a trunk full of alcohol  
15 and -- it wasn't mine.

16 And the guy said, "Do you have  
17 anything to declare?"

18 And my friend's response was, "Not  
19 really."

20 And then he turned around and  
21 looked around.

22 So I want to follow up on that.  
23 When you say "not really," what do you mean?

24 A. I did not have any other documents

1 to read.

2 Q. Okay.

3 A. I wrote our policies and  
4 procedures, so I didn't really review them, but  
5 I -- in my head told -- you know, I kind of went  
6 through what we -- what our policies and  
7 procedures are for the warehouse, because I  
8 wanted to be prepared for today.

9 Q. Okay. So in preparation for  
10 today's deposition, you read the transcript of  
11 Jason Briscoe's deposition?

12 A. Yes.

13 Q. And then you read the transcript  
14 of Pete Ratycz's deposition?

15 A. Yes.

16 Q. Okay. And in both of those  
17 depositions they discussed what DDM's policies  
18 and procedures are regarding suspicious order  
19 monitoring, correct?

20 A. Yes.

21 Q. Okay. And it sounds like you also  
22 sort of jogged your memory without looking at  
23 anything as to what those were?

24 A. Yes.



1           Q.     Okay.  So did you make any efforts  
2     to go and look at any documents that may have  
3     been on your system or in your e-mail related to  
4     suspicious order monitoring?

5           A.     No, because I know that the one  
6     particular sentence in one of the depositions  
7     was something that I wrote myself.

8           Q.     Okay.

9           A.     And that was something that I --  
10    that was the only particular line that might  
11    have pertained to suspicious order monitoring.  
12    I don't know the exact sentence, but --

13          Q.     So you saw a sentence in one of  
14    those depositions that described or quoted a  
15    policy that you had written?

16          A.     Yes.

17          Q.     And did you go and look at that  
18    document?

19          A.     I did, but not -- actually, the  
20    document was -- the wording was already in the  
21    deposition.

22          Q.     Okay.  And so I -- just I want to  
23    just make sure I fully understand what you did.

24          A.     Yes.

1 Q. Would it be fair to say that other  
2 than looking at those two depositions, that you  
3 didn't look at a single paper document relating  
4 to DDM's suspicious order monitoring policies in  
5 preparation for your deposition?

6 A. I did not.

7 Q. Okay. If you were to go look at  
8 DDM's suspicious order monitoring policies,  
9 where would you have gone to look?

10 A. In my personnel file in my  
11 computer.

12 Q. Okay. And so those are electronic  
13 files?

14 A. Yes.

15 Q. And how many documents would you  
16 have to look at to see what -- to read about  
17 that policy?

18 A. There are, I believe, 16 or 17  
19 different documents.

20 Q. Are they all currently in place or  
21 in force?

22 A. Yes.

23 Q. Okay. And do you know whether all  
24 of those documents have been provided to your

1 counsel to be produced?

2 A. I don't know.

3 MR. JOHNSON: If they're on the  
4 system, they would have been part of her  
5 custodial file, I assume.

6 A. It was part of our --

7 MR. JOHNSON: That would have been  
8 searched.

9 A. It was part of our VAWD  
10 accreditation.

11 Q. Okay. So if we ask for your VAWD  
12 accreditation file, that -- and you were to  
13 produce that, that would include all of those  
14 documents?

15 A. Yes.

16 Q. Okay. Have you always been the  
17 owner of those --

18 A. Yes.

19 Q. I'm sorry. Have you always been  
20 the owner of DDM's suspicious order monitoring  
21 policies?

22 A. Can you repeat that?

23 Q. Sure. Have you -- and when I say  
24 "owner," I mean the person who maintains them

1 and sort of makes sure that they're in order.

2 Have you always been the owner of  
3 DDM's suspicious order monitoring policies and  
4 procedures?

5 A. Yes.

6 Q. Okay. Has DDM's suspicious order  
7 monitoring policies and procedures always  
8 included 16 to 17 documents?

9 A. When we -- when I wrote them, they  
10 were just a couple years ago, so that was the  
11 first of something in writing, so I'm going to  
12 say yes.

13 Q. Okay. So currently DDM does have  
14 written policies and procedures regarding  
15 suspicious order monitoring?

16 A. Yes.

17 Q. Okay. And so you hesitated and  
18 I'm -- why did you hesitate?

19 A. Because it's in the policy, but  
20 it's not step by step in the policy.

21 Q. So it's like a 30,000-foot view  
22 description of how it works?

23 A. Yes.

24 Q. Okay. So it doesn't necessarily

1 provide the person implementing the policy with  
2 every step they need to take?

3 A. Yes.

4 Q. It's sort of a brushstrokes?

5 A. Yes, because it was new at the  
6 time that VAWD -- I was following their template  
7 of how to write the policies and procedures, and  
8 that's when the one sentence came into play that  
9 I took it as an SOM for purchase -- or for  
10 selling outside of our company.

11 Q. Okay. So let me -- what does VAWD  
12 stand for?

13 A. Verified accredited wholesaler  
14 distributor.

15 Q. Okay. And so the VAWD  
16 accreditation is something you need to get to  
17 sell to another entity other than a DDM store?

18 A. Yes, that could -- that's true.

19 Q. Okay. So would it be fair to say  
20 that the first time DDM had suspicious order  
21 monitoring policies and procedures in writing  
22 was to obtain an accreditation to help sell  
23 outside the company?

24 A. Yes.

1 Q. Okay. So the same would be true  
2 that prior to that effort DDM didn't have any  
3 written suspicious order monitoring's policies  
4 and procedures?

5 A. Nothing in writing.

6 Q. And to write those policies and  
7 procedures, did you have to use some sort of a  
8 template that was provided?

9 A. Yes.

10 Q. Okay. And did the policies and  
11 procedures that you wrote deviate in any  
12 substantial way from the templates that you were  
13 provided with?

14 A. No.

15 Q. Okay. Do you know the date when  
16 you first sought the VAWD accreditation?

17 A. It was May of 2017. I had worked  
18 on it for about nine months, nine, ten months.

19 Q. Okay. And did DDM get the VAWD  
20 accreditation?

21 A. Yes, we did.

22 Q. So part of your job today includes  
23 selling products to -- as a wholesaler to other  
24 businesses?

1                   A.       No.

2                               MR. JOHNSON:  Objection.

3                   Q.       Okay.  So what did the VAWD  
4   accreditation allow DDM to do?

5                   A.       So the VAWD accreditation was  
6   presented to us that if we were not VAWD  
7   accredited, that certain insurance companies,  
8   third-party insurance companies, would not cover  
9   particular drugs or -- I don't know the word to  
10   use but -- so we felt that we should be a part  
11   of that so that we could continue to service our  
12   stores, but by no means did that mean we were  
13   selling outside of our stores.

14                  Q.       Okay.  And when you say "insurance  
15   companies," you're talking about health  
16   insurance companies wouldn't cover drugs that  
17   your customers needed unless you had that  
18   accreditation?

19                  A.       Yes, because they wanted our  
20   facility to meet all the standards of VAWD.

21                  Q.       Okay.  So would it be fair to say  
22   that DDM made the decision to put suspicious  
23   order monitoring policies and procedures in  
24   writing in order to improve its ability to sell

1 certain products to customers?

2 A. Yes.

3 Q. Okay. All right. So I'm going  
4 to -- I want to go back to what we were talking  
5 about earlier, which was how you prepared for  
6 the deposition.

7 So you reviewed the depositions?

8 A. Yes.

9 Q. And you thought about -- what was  
10 it, your memory?

11 A. Mm-hmm.

12 Q. And you didn't look at any other  
13 documents?

14 A. No.

15 Q. No e-mails?

16 A. Yes, e-mails that were sent to me  
17 yesterday.

18 Q. Okay. And would those have been  
19 e-mails from an attorney?

20 A. Yes.

21 Q. Okay. And I don't need to know  
22 about what was in those e-mails.

23 Did those e-mails include any  
24 documents that were from Discount Drug Mart?



1 A. No.

2 Q. Okay. Did you review any of the  
3 deposition exhibits to the two depositions?

4 A. I did not. Whatever was  
5 mentioned -- I don't think I was copied on any  
6 attachments. I do know that Mr. Johnson showed  
7 me some, but nothing was ever -- I didn't read  
8 anything. They were just face value.

9 Q. So you were shown some documents  
10 during your preparation with Mr. Johnson?

11 Okay. Do you know how many --

12 MR. JOHNSON: You have to answer  
13 out loud.

14 A. Yes.

15 Q. Do you know how many documents?

16 A. Ten.

17 Q. Okay. Do you know what any of  
18 those documents were?

19 A. No.

20 Q. So was he just waving them around  
21 or did he actually have you look at them?

22 A. He had me look at them, but I  
23 didn't -- I wasn't -- I had never seen them  
24 before and they didn't pertain to my job --

1 Q. Okay.

2 A. -- or to today. So he flipped  
3 them over and put them back in the folder.

4 MR. MULLIGAN: You picked the  
5 wrong documents, Tim.

6 MR. JOHNSON: Apparently. We did  
7 look at policy 112, though, which I  
8 assume we're going to talk about, which  
9 she had seen before.

10 MR. MULLIGAN: I got that  
11 impression. Thanks.

12 BY MR. MULLIGAN:

13 Q. Did any of those documents refresh  
14 your recollection about anything that we're  
15 going to talk about today?

16 A. No.

17 Q. Okay. And I assume you know what  
18 we're going to talk about today?

19 A. Yes.

20 Q. You're doing well.

21 When did you meet with  
22 Mr. Johnson?

23 A. I met with him on Monday.

24 Q. Okay. And how long did you meet

1 with him for?

2 A. Two hours.

3 Q. Did you meet with him here?

4 A. No.

5 Q. In Medina?

6 A. Medina.

7 Q. Okay. And was anybody else in  
8 that meeting?

9 A. Yes. Mr. McConnell and Joe Muha,  
10 but not for the two hours. We only talked for  
11 15 minutes and then Joe left. We talked for the  
12 remainder of the time. I left. And then Joe  
13 talked to them. We had separate meetings.

14 Q. Okay. Who's Mr. Muha?

15 A. He is our corporate counsel.

16 Q. Okay. Were any of the Boodjehs  
17 present for any of those meetings?

18 A. They were not.

19 Q. Did you talk to any of them about  
20 your deposition?

21 A. No.

22 Q. Okay. Do you interface or  
23 interact with any of the Boodjehs in your  
24 day-to-day operations?

1 A. Do I?

2 Q. Yeah.

3 A. Yes.

4 Q. Okay. And in what way?

5 A. I mean, I do talk to them. It's  
6 not so much in the pharmacy aspect. I mean, I  
7 see them every day at the office.

8 Q. Okay.

9 A. Yeah.

10 Q. Have you ever had any discussions  
11 with any of them about DDM's suspicious order  
12 monitoring?

13 A. No.

14 Q. They've never asked you once about  
15 what DDM does to monitor suspicious orders?

16 A. No.

17 Q. Okay. And if they were going to  
18 ask anybody at DDM, would you be the person to  
19 ask?

20 A. I think they would go to Pete or  
21 Jason first.

22 Q. Okay. Do you know whether they've  
23 ever had any conversations with Peter or Jason  
24 about suspicious order monitoring?

1 A. No.

2 Q. Have you ever sent copies of those  
3 policies you drafted in an e-mail that would  
4 have included them?

5 A. No.

6 Q. Any particular reason?

7 A. No. I just sent them to Jason.  
8 Pete and Jason.

9 (Reporter clarification.)

10 A. Pete and Jason.

11 Q. Which one of the Boodjeh brothers  
12 is -- oversees the pharmacy operations?

13 A. Doug Boodjeh.

14 Q. Okay. And there's three of them,  
15 right?

16 A. Yes.

17 Q. Is it Doug?

18 A. Dave.

19 Q. Dave.

20 A. Don.

21 Q. And Don. Three Ds?

22 A. Yes.

23 Q. What do Dave and Don do?

24 A. Dave is the director of operations

1     and Don is a supervisor -- and I don't know his  
2     title, but he is a supervisor and a buyer, and I  
3     don't know his title.

4             Q.     Is Doug the COO?

5             A.     Yes.

6             Q.     So that's chief operating officer?

7             A.     Yes.

8             Q.     Okay. And so he's in charge of  
9     operations?

10            A.     Yes.

11            Q.     Okay. Is he the head honcho?

12            A.     Yes.

13                   MR. JOHNSON: Objection.

14            Q.     Everybody knows what that means.

15                   All right. Did you review the  
16     complaint in this case?

17            A.     I'm sorry?

18            Q.     Did you review the complaint in  
19     this case?

20            A.     No.

21            Q.     Do you generally have an  
22     understanding as to what the claims are in this  
23     case?

24            A.     Yes.

1 Q. And what is that?

2 A. That we are trying to -- from our  
3 distribution center, that there's -- I'm trying  
4 to think of the words that I want to use.

5 That we're trying to say that we  
6 are abiding by all the rules for suspicious  
7 order monitoring to our customers who are our  
8 stores. And the overall picture is because of  
9 the opioid problem, that we're trying to defend  
10 ourself on that.

11 Q. Okay. And I understand what  
12 you're -- that sounds more like what you're  
13 perceiving your defense is.

14 A. Okay.

15 Q. Would that be fair?

16 A. Sure. Yes.

17 Q. Okay. Are you -- do you have any  
18 knowledge or understanding as to what the claims  
19 are in this case?

20 A. Not directly, no.

21 Q. Okay. And I think you said that  
22 DDM is trying to say that they are abiding by  
23 all the rules and suspicious order monitoring  
24 requirements. Do you -- is it your testimony --

1 well, strike that.

2 Do you believe that DDM did comply  
3 with those rules and requirements?

4 A. Yes.

5 Q. Okay. And can you think of any  
6 time or any instance where you had concerns  
7 about whether DDM had fully complied with or  
8 carried out its obligations regarding suspicious  
9 order monitoring?

10 A. Can you say that one more time?

11 MR. JOHNSON: Objection.

12 Q. Can you think of any time where  
13 DDM did not comply with its suspicious order  
14 monitoring obligations?

15 MR. JOHNSON: Objection.

16 A. No.

17 Q. Had anybody at DDM or anywhere  
18 else ever raised any concerns about whether  
19 DDM's suspicious order monitoring policies were  
20 adequate?

21 A. No.

22 Q. Anybody at the DEA ever mention to  
23 you or anyone else at DDM that you know of that  
24 DDM's suspicious order monitoring policies and



1 procedures were not adequate?

2 A. No.

3 Q. Has anyone at the DEA ever told  
4 you or anyone else that you know of at DDM that  
5 DDM's suspicious order monitoring policies were  
6 adequate?

7 A. They never said they weren't, and  
8 when they would come in for investigations, like  
9 they do, they never mentioned that, no.

10 Q. Okay. Did you ever describe to  
11 anybody at the DEA what DDM's suspicious order  
12 monitoring policies were?

13 A. In writing, no. But in talking,  
14 yes.

15 Q. Okay. So you had discussions with  
16 DEA agents at some point about what you were  
17 doing to monitor for suspicious orders?

18 A. When they would come in to do  
19 their investigation random, they would not so  
20 much bring up a suspicious order monitoring  
21 system, but they would do an inventory, and we  
22 would go through the procedures of what we do on  
23 a daily basis to make sure that we were catching  
24 any order errors or anything that may have

1 looked out of line.

2 Q. So is the discussion based more on  
3 how you make sure that you know where all of  
4 your products are?

5 A. Yes.

6 Q. Okay. Which -- and you understand  
7 that suspicious order monitoring is broader than  
8 that piece of it, right?

9 A. Yes.

10 Q. Okay. That's just one piece of  
11 the pie, right?

12 A. Yes.

13 Q. Okay. Other than your meeting  
14 with Mr. Johnson on Monday -- was it Monday?

15 A. Mm-hmm, yes.

16 Q. -- did you meet with anybody at  
17 DDM prior to your deposition, other than the  
18 individuals who were present at that meeting?

19 A. No.

20 Q. So you didn't have a discussion  
21 with Mr. McConnell about this deposition?

22 A. No, other than the date.

23 Q. Other than on Monday?

24 A. Other than the date and that we

1 would be riding together.

2 Q. Okay. And so that conversation  
3 didn't contain anything other than the date and  
4 how you'd get here?

5 A. Yes.

6 Q. Okay. How did you get here?

7 A. I met Mr. McConnell by Rockside  
8 Road and we drove together.

9 Q. Okay. And I assume there wasn't  
10 an attorney present in that vehicle?

11 A. No.

12 Q. Okay. What did you and  
13 Mr. McConnell discuss on your ride in this  
14 morning?

15 A. That there was light traffic, his  
16 retirement, how cold it was outside, very  
17 nonchalant.

18 Q. Did he make any efforts to  
19 reassure you about how this deposition would go  
20 today?

21 A. I mean, he did say, "You're going  
22 to do fine. Relax."

23 Because I tend to have anxiety, so  
24 he did make me feel -- and it was comforting to

1 ride with him down here, to not have to come  
2 downtown by myself.

3 Q. Did you discuss with him any --  
4 any sort of topics regarding suspicious order  
5 monitoring or anything like that?

6 A. No.

7 Q. Okay. And so he didn't provide  
8 any sort of guidance to you as to how maybe you  
9 should respond to certain questions?

10 A. Not at all, no.

11 Q. Did he refresh your recollection  
12 as to any of the issues related to suspicious  
13 order monitoring?

14 A. No.

15 Q. Okay. So you said you reviewed  
16 those two depositions, right?

17 A. Yes.

18 Q. Did you -- obviously you know  
19 other individuals have been deposed?

20 A. Yes.

21 Q. And how do you know that?

22 A. Mr. Muha was in our meeting.

23 Q. Okay.

24 A. And I do believe that Mr. Nameth

1 is also going to be deposed.

2 Q. Okay. Are you aware that  
3 Mr. McConnell was deposed?

4 A. Yes.

5 Q. Did you read his deposition?

6 A. No, I did not. It was not  
7 provided to me.

8 Q. Was there anything in either  
9 Mr. Briscoe or Mr. Ratycz's deposition that you  
10 felt was not completely accurate or that needed  
11 to have clarification?

12 A. Only the one sentence that I wrote  
13 myself in VAWD about us not selling outside of  
14 the company.

15 Q. And we'll get to that.

16 So that -- was his explanation not  
17 correct, or was the actual sentence that he  
18 was -- I mean asked about not correct?

19 A. The sentence was in my -- my  
20 interpretation of what VAWD was asking me to  
21 fill out for that particular section. And I  
22 felt that they did understand the sentence.

23 They said it was poorly written,  
24 but when I looked back at it, I could have added

1 a few more words, but I knew that we only sell  
2 to our stores.

3 So when I wrote that sentence, to  
4 me, when VAWD was asking if I -- if we saw  
5 anything -- any kind of payment that associated  
6 with criminal activity, I associated that with  
7 outside of our company, which we do not sell  
8 outside of Discount Drug Mart. So when I wrote  
9 that sentence, that was my interpretation of it.

10 Q. And my understanding, from his  
11 deposition, is that that explanation is  
12 something that the two of you guys came up with  
13 together; is that correct?

14 MR. JOHNSON: Objection.

15 A. He asked me about it, but I  
16 came -- that was my -- I wrote every word in all  
17 of those documents.

18 Q. But your explanation that when you  
19 wrote that, it was within a specific context,  
20 and had you known it would be used in these  
21 depositions, you would have added words to the  
22 end, that's an explanation that you came up with  
23 with Mr. Ratycz, correct?

24 A. Yes.

1 Q. Okay.

2 A. I would have clarified it a little  
3 more.

4 Q. Okay. Do you know what controlled  
5 substances are?

6 A. Yes.

7 Q. Okay. What are they?

8 A. They are mandated by the DEA, and  
9 there's different policies and procedures and  
10 recordkeeping associated with them, and they're  
11 under their own license.

12 Q. Okay. Would it be fair to say  
13 that they are scheduled under the Controlled  
14 Substances Act by Congress?

15 A. Yes.

16 Q. And that's because they have  
17 dangerous properties; would that be fair?

18 A. Yes.

19 Q. And so strict oversight and  
20 regulations needed to ensure that people aren't  
21 hurt?

22 A. Yes.

23 Q. And that includes really knowing  
24 where they are at all times, right?

1 A. Yes.

2 Q. Okay. And that's to prevent  
3 against diversion?

4 A. Yes.

5 Q. And what -- do you know what  
6 diversion is?

7 A. Yes.

8 Q. What is it?

9 A. Diversion is when you are  
10 illegally selling product to someone and they're  
11 not using it for the sole purpose of what it was  
12 intended with the prescription.

13 Q. Okay. So it would be sort of any  
14 improper use -- would it be fair to say that  
15 it's a little broader than that, that it would  
16 be any improper use of a controlled substance?

17 A. Yes.

18 Q. Okay. And that could occur  
19 through theft of a drug --

20 A. Yes.

21 Q. -- right?

22 Or a doctor overprescribing it for  
23 somebody, giving them more than they could  
24 possibly use safely?



1 A. Yes.

2 Q. Okay. And obviously there's other  
3 ways that drugs can be diverted, correct?

4 A. Yes.

5 Q. Okay. Have you ever received any  
6 training at DDM on the Controlled Substances  
7 Act?

8 A. No.

9 Q. And so where did -- how did you  
10 learn about the Controlled Substances Act?

11 A. I mean, I've read pieces of it and  
12 I follow every rule that we've ever -- you know,  
13 when DEA comes to visit. I follow all the  
14 policies and procedures. You know, that's about  
15 it.

16 Q. So you're the prior pharmacy buyer  
17 for DDM, right?

18 A. Mm-hmm. Yes.

19 Q. And that's for 78 stores, right?  
20 77?

21 A. 74.

22 Q. 74. Okay.

23 MR. MULLIGAN: At one point it was  
24 77, wasn't it, or has it always been 74?

1 MR. JOHNSON: 74 I think we've  
2 been working with.

3 MR. MULLIGAN: Okay. I always get  
4 that wrong.

5 BY MR. MULLIGAN:

6 Q. Okay. So you're the primary  
7 pharmacy buyer for DDM's 74 stores, correct?

8 A. Yes.

9 Q. Okay. And you run the warehouse,  
10 right?

11 A. Yes.

12 Q. And so you are the primary person  
13 who oversees the movement of controlled  
14 substances within DDM, right?

15 A. Yes.

16 Q. Okay. But DDM has never provided  
17 you with any training or education regarding the  
18 Controlled Substances Act?

19 MR. JOHNSON: Objection.

20 A. No.

21 Q. But you're generally aware that  
22 the Controlled Substances Act requires DDM to  
23 provide effective controls and procedures to  
24 guard against theft and diversion of controlled

1 substances, right?

2 A. Yes.

3 Q. Okay. And how did you learn that?

4 A. I rely on Pete Ratycz and Jason  
5 Briscoe and their knowledge of all of the laws  
6 and what we should be following, and I have  
7 always, from the day I started until today,  
8 followed the rules.

9 Q. And I'm not suggesting that you  
10 don't follow them. I just want to know where  
11 you learned this information from.

12 A. Over the years, I've learned  
13 whether DEA visits, recordkeeping, keeping, you  
14 know, history --

15 Q. Okay.

16 A. -- of all the -- of all the  
17 orders, you know, maintaining all of the  
18 information.

19 Q. So it would be fair to say that  
20 your knowledge regarding DDM's obligations under  
21 the CSA are based on on-the-job training?

22 A. Yes.

23 Q. Okay. And maybe water cooler  
24 conversations or e-mails?

1 A. Yes.

2 Q. Okay. Have you ever received any  
3 training from DDM regarding how to protect  
4 against diversion?

5 A. No.

6 Q. Have you provided training to  
7 anybody else at DDM about how to protect against  
8 diversion?

9 A. Yes.

10 Q. And who have you provided that to?

11 A. The people that pull in our  
12 control cage.

13 Q. Okay. So those would be warehouse  
14 workers who are pulling controlled substances  
15 out of the locked area where you keep them?

16 A. Yes.

17 Q. Okay. And what was the nature and  
18 scope of the training that you provided  
19 regarding diversion?

20 A. Again, on-the-job training,  
21 watching for order errors that might come  
22 across. A lot of the women that pull have been  
23 there for 20 years, so doing the job they know  
24 if something looks like it should be brought to

1 my attention or to Jason or Pete's attention.

2 Q. Okay.

3 A. But it's definitely on-the-job  
4 training.

5 Q. Would it be fair to say that the  
6 sort of focus of that training would be, keep  
7 that door locked and to make sure that these  
8 orders are correct?

9 A. Can you say that again?

10 Q. Sure. Would it be fair to say --  
11 and I'm just -- you know, tell me if I'm  
12 wrong -- would it be fair to say that the focus  
13 of that on-the-job training is, keep that locked  
14 area locked and double check to make sure the  
15 numbers that are on the orders are actually what  
16 the stores want?

17 A. Yes.

18 Q. Okay. Is there anything else that  
19 you would have discussed in diversion training  
20 with those individuals?

21 A. No. And I do want to add that  
22 those individuals are the only ones that are  
23 allowed inside of the controlled area. They're  
24 registered basically with the DEA. I have all

1     their names on it. And everybody else --

2     there's four people.

3             Q.     Okay. Do you recall a time when  
4     the DEA came in and asked you guys to reinforce  
5     that locked area?

6             A.     We -- yes.

7             Q.     Okay. Wasn't there an instance  
8     where you could stick a broom handle in through  
9     the slatting and --

10            A.     Yes. We needed to add more  
11     plexiglass --

12                   MR. JOHNSON: Let him get his  
13     question all the way out.

14            Q.     My understanding was that there  
15     was a time in the recent past where -- maybe not  
16     so recent -- where you could take a broom handle  
17     and push it through maybe -- maybe if you  
18     explain -- tell me if I'm wrong -- through the  
19     cage and open the door from the inside; is that  
20     correct?

21                   MR. JOHNSON: Objection.

22                   Go ahead.

23            A.     The door itself is a chain-link  
24     fence --

1 Q. Okay.

2 A. -- with a push bar to get out of  
3 the cage. And from the side, if you stuck a  
4 broom in there, you could dislodge the door. So  
5 the fix that we had to make was to put  
6 plexiglass up, just clear plexiglass.

7 Q. Okay.

8 A. And then that was fixed.

9 Q. Okay. Do you remember when that  
10 was?

11 A. I'm going to say six to eight  
12 years ago.

13 Q. Do you know whether anybody ever  
14 accessed the locked area when they weren't  
15 supposed to?

16 A. No.

17 Q. And so you've never had any  
18 inventory issues relating to that locked area at  
19 any time?

20 A. No.

21 Q. Is there a reason why you're  
22 looking at him?

23 A. Because I thought he was going to  
24 tell me to stop talking.

1 MR. JOHNSON: Well, she answered  
2 no to the question. I mean, I think it  
3 was, no, no one's ever taken any or does  
4 she know whether or not, and it was a  
5 no. I didn't know which --

6 MR. MULLIGAN: Oh, good.

7 Q. Yeah. See, I -- sometimes I ask  
8 bad questions, and that was an instance.

9 MR. JOHNSON: Well, it needed a  
10 follow-up.

11 MR. MULLIGAN: I gotcha.

12 BY MR. MULLIGAN:

13 Q. Are you aware of any times when  
14 there were inventory issues in the warehouse  
15 regarding, like, an opioid?

16 A. No.

17 MR. MULLIGAN: Okay. That would  
18 presumably include whether there were or  
19 whether she knew.

20 MR. JOHNSON: Right. Okay. But  
21 we didn't know that.

22 MR. MULLIGAN: Right. No. I  
23 appreciate -- I appreciate you.  
24



1 BY MR. MULLIGAN:

2 Q. Based on your understanding of the  
3 Controlled Substances Act, would you agree that  
4 DDM has a duty to identify and prevent  
5 diversion?

6 A. Yes.

7 Q. Okay. And you would also agree  
8 that in the event that DDM did identify  
9 diversion or suspicious orders, that DDM had a  
10 duty to report those?

11 A. Yes.

12 Q. Okay. And that would be to the  
13 DEA and the State of Ohio?

14 A. Yes.

15 Q. Okay. And do you believe that DDM  
16 complied with those duties at all times?

17 A. Yes.

18 Q. And you agree that part of that  
19 includes the responsibility to ensure proper  
20 dispensing of controlled substances, correct, at  
21 the store level?

22 A. Yes.

23 Q. And so who at DDM would be  
24 primarily responsible for ensuring that DDM was

1     complying with and fulfilling its obligations  
2     under the Controlled Substances Act?

3                     MR. JOHNSON:   In distribution or  
4                     at the stores or what's --

5                     MR. MULLIGAN:   Let's start with  
6                     distribution.

7                     A.     Distribution, Pete Ratycz is on  
8     the license, and I'm the supervisor, so it would  
9     be me as well.

10                    Q.     So you and Pete?

11                    A.     Mm-hmm, yes.

12                    MR. JOHNSON:   Is that a "yes"?  
13                    Okay.

14                    Q.     I suspect that your comment that  
15     he's on the license suggests that he's  
16     responsible on paper, but really it probably  
17     falls on you?

18                    A.     Yes.

19                    Q.     Would that be fair?

20                    A.     Yes, fair.

21                    Q.     Okay.   So it would be fair to say  
22     you're primarily responsible for ensuring that  
23     DDM complies with the CSA on a distribution  
24     level?

1 A. Yes.

2 Q. Okay. And what about on the store  
3 level? Who's responsible for ensuring that the  
4 stores comply with the Controlled Substances  
5 Act?

6 A. I would say that's Pete --

7 Q. Okay.

8 A. -- Ratycz and Jason Briscoe.

9 Q. Obviously your counsel drew that  
10 distinction. I'm curious if you can explain to  
11 me what the difference is between the CSA -- or  
12 DDM's obligations under the CSA on a  
13 distribution level and at a store level. Can  
14 you describe for me where the rubber meets the  
15 road on those two?

16 A. On my side, on the distribution  
17 side, my obligation is to make sure that  
18 everything we're sending out to our stores is  
19 fulfilling the requirements. After it leaves  
20 the distribution center, I can't say. I rely on  
21 the pharmacists and their professional knowledge  
22 and all the rules that apply to that. That's  
23 where it meets for me. Once it leaves the  
24 warehouse -- I mean, I make sure that everything

1 is distributed correctly. They take care of the  
2 dispensing.

3 Q. So a minute ago you told me that  
4 Jason and Pete were responsible for making sure  
5 the diversion wasn't occurring at the store  
6 level, correct?

7 A. Yes.

8 Q. Okay. So I want to just make sure  
9 I'm clear. Is it -- are Jason and Pete  
10 responsible for it or are the store pharmacists  
11 responsible for it? What's your understanding?

12 A. The store pharmacist is ultimately  
13 responsible, but Pete and Jason are their  
14 supervisors. So -- and I'm sorry that I  
15 didn't -- I misunderstood before.

16 Q. No. That's okay. I'm just trying  
17 to understand.

18 A. Yeah.

19 Q. So it would be fair to say that  
20 you're responsible for complying with the CSA  
21 from the minute the drug gets to the warehouse  
22 to the minute it leaves the warehouse, or is it  
23 broader than that?

24 A. No -- yes.

1 Q. That's it?

2 A. That's it.

3 Q. So those would be the bookends.

4 So the minute that truck drives away, Jill is no  
5 longer responsible for preventing diversion;  
6 would that be fair?

7 A. After I've done my part, I would  
8 say that's fair.

9 Q. Okay.

10 A. And that's an added layer to after  
11 I've sent the order, then the rules need to be  
12 followed at the store.

13 Q. Okay. And so once those drugs  
14 arrive at the store, it would be the chief  
15 pharmacist at the store in conjunction with Pete  
16 and Jason who would be responsible for ensuring  
17 that there was no diversion taking place there?

18 A. Yes.

19 Q. Okay. Have you ever been involved  
20 in -- well, strike that.

21 Do you communicate with the chief  
22 pharmacists?

23 A. I do.

24 Q. And in what context?

1           A.     They call if they need -- if they  
2     have questions, if they need something. I do  
3     communicate with all of the stores.

4           Q.     Is it mostly a, "Hey, Jill, we  
5     need this many bottles of this drug and it  
6     didn't show up on time or we need it by this  
7     date"?

8                     Is that mostly what it's like?

9           A.     Every day when the trucks are  
10    there, if they need something, if they have  
11    questions about different topics, recalls. I  
12    mean, I talk to everybody about all the topics.

13          Q.     Okay.

14          A.     Daily.

15          Q.     Do you also communicate or act as  
16    an intermediary between DDM and distributors or  
17    manufacturers?

18          A.     I do.

19          Q.     Because you're the buyer, right?

20          A.     Yes.

21          Q.     So you're the primary person  
22    communicating with them, at least on the front  
23    end, to get product, correct?

24          A.     Yes.

1           Q.     Okay. Presumably somebody else  
2     pays invoices later and they probably  
3     communicate with their financial department, but  
4     you're primarily communicating with them on a  
5     drug procurement level, right?

6           A.     Yes.

7           Q.     And that would include, you know,  
8     issues regarding diversion and suspicious order  
9     monitoring?

10          A.     Yes.

11          Q.     And drug thresholds and things  
12     like that?

13          A.     Yes.

14          Q.     Okay. And as the individual at  
15     DDM primarily responsible for suspicious order  
16     monitoring on the distribution end, you agree  
17     that DDM has an obligation to monitor orders and  
18     shipments for suspicious -- or that look  
19     suspicious or may have red flags?

20          A.     Yes.

21          Q.     Indicative of diversion?

22          A.     Yes.

23          Q.     Okay. So tell me what -- and I'm  
24     just going to talk generally speaking. I'm not

1 necessarily limiting it to you, but I can ask  
2 follow -- I'll ask follow-ups, but describe for  
3 me what DDM's policies and procedures are  
4 regarding the diversion of opioids.

5 A. Are you referring to when they  
6 order from me, from the distribution center?

7 Q. Just kind of -- what I'd like you  
8 to do is give me a full picture of what DDM does  
9 to prevent diversion and comply with the CSA.

10 A. Okay. So what we do is, the  
11 stores order weekly.

12 Q. Okay.

13 A. It is ordered through a system  
14 called Pioneer. It gives them a recommended  
15 order. Each store can set their own minimums  
16 and maximums on that. So that way, you know,  
17 everything is -- certain stores -- depending on  
18 how much they've been dispensing. That order is  
19 sent over.

20 As soon as they send the order,  
21 they receive back a document that says, "Order  
22 items over six-week average." They're given the  
23 opportunity right there to review any items.  
24 Sometimes it has no items. I've seen a few that



1 have just antibiotics on them, you know, nothing  
2 controlled. And, you know, they ordered three  
3 bottles instead of two bottles. But they are  
4 given that chance to review if anything  
5 populates over a six-week average. They have  
6 the opportunity to send that to me.

7 As we get the orders, prior to  
8 2016, we had a -- it was called a pick ticket.  
9 It was a manual way of pulling. And the pullers  
10 would -- you know, if it says they wanted two of  
11 this, they'd put two, and they'd manually write  
12 a two. Items on that pick ticket would have an  
13 asterisk next to it if it could have been on the  
14 six-week average report, over six-week average.

15 It was very rare that any controls  
16 would show up on that. The other items --  
17 unless something -- again, the pullers know  
18 their product. You know, if they wanted -- if  
19 they normally pull one, two or three of  
20 something and all of a sudden somebody wants 20  
21 of something, that would be brought to my  
22 attention.

23 In our system, I have history of  
24 every item. So I would go into the history of

1     that particular store and the chain of all --  
2     the whole chain. So I could see if that order  
3     was an order error or I could see if -- you  
4     know, if it meant a call to the store, which  
5     usually I would call the store, based off of  
6     their history.

7                     And then if the store said, "Oh,  
8     no, no. We'd prefer to have -- and we only need  
9     two of those," let's say. We would manually  
10    change that, and that got turned in to be  
11    invoiced, so it never left the building, you  
12    know, the product was shipped with the changes.

13                    As far as controls, same thing,  
14    same exact procedure. You know, if there was  
15    any changes, we would make the change before it  
16    left the building.

17                    If I had a store -- and this is  
18    just as an example. If I had a store that I  
19    thought every week was ordering something and  
20    for whatever reason it was every week I was  
21    calling the same store, I would then go to Jason  
22    and Pete. That was usually never the case.

23                    We usually resolved what that  
24    issue was, you know, whether it was -- it might

1 have said, you know, eleven instead of one or  
2 whatever. But we would fix that. It was  
3 invoiced, and that would be the procedure for  
4 it.

5 Once everything is invoiced, we  
6 always made sure that the invoice was in with  
7 the control tote, all changes were done, and  
8 we'd leave.

9 Q. Okay. I appreciate that.

10 Was that -- did the scope of what  
11 you did, what you just described, has that  
12 changed at any time?

13 A. It has only because in 2016, we  
14 went to a voice-activated pulling system.

15 Q. Okay.

16 A. And so now instead of having the  
17 manual paper in front of you, it's read -- the  
18 slot is read to the puller. They have a check  
19 digit that they read back to them to say that  
20 they are pulling the correct item. The voice  
21 activation says "pull two." They say "grab  
22 two." It's confirmed and they put it in the  
23 tote.

24 Q. And what you're talking about

1 right now is just the accuracy of pulling the  
2 right amount that's needed, right?

3 A. And the accuracy of the drug  
4 pulled.

5 Q. Okay. Which -- and my question  
6 had to do with suspicious order monitoring and  
7 diversion, right?

8 A. Yes.

9 Q. So certainly that's -- those --  
10 that type of precision would prevent against  
11 inventory problems or theft, right?

12 A. Mm-hmm.

13 Q. But it wouldn't address other  
14 issues like associated with suspicious orders,  
15 right?

16 A. Not this part of it, no.

17 Q. Okay. And so I want to just make  
18 sure I'm clear. As it relates to suspicious  
19 orders, what you would do is you would get a --  
20 was it a weekly report?

21 A. No. The store would get the -- as  
22 soon as they sent their order --

23 Q. Okay.

24 A. -- they would get a report, right,

1     about that order and what items might be over a  
2     six-week average.

3             Q.     Okay. So let's say store number 1  
4     sends in an order for hydrocodone, and this  
5     obviously would have been prior to 2014 when it  
6     became Schedule II, right?

7             A.     Yes.

8             Q.     Okay. So store number 1 sends in  
9     an order for hydrocodone and it exceeds what  
10    their prior six-week average is. Does it have  
11    to exceed it by a certain percent?

12            A.     It must have -- to be on that  
13    form, it has to be the six-week average. So if  
14    they ordered one, one, one, and then two, it  
15    might hit the six-week average --

16            Q.     And that would be --

17            A.     -- if it's above.

18            Q.     Okay. It would have to be  
19    99 percent above the six-week average; is that  
20    right?

21            A.     I don't know.

22            Q.     You're not sure. Okay.

23                    So as far as you know, if it was  
24    above the six-week average, then the Pioneer

1     would automatically spit out a report that would  
2     go to them, to the store?

3             A.     It would go to the store.

4             Q.     Okay.  Would it come to you?

5             A.     Not unless -- not unless they sent  
6     it to me.

7             Q.     Not unless the store sent it to  
8     you?

9             A.     Exactly.

10            Q.     Okay.  So store 1 submits an order  
11     for hydrocodone, and let's say in your example  
12     they order one bottle a week for the prior six  
13     weeks, okay?

14            A.     Yes.

15            Q.     And then on the seventh week they  
16     order two bottles, right?

17            A.     Yes.

18            Q.     Okay.  And this is just my  
19     hypothetical.  They would then get a report from  
20     Pioneer that says, "Hey, this order is greater  
21     than your six-week average," fair?

22            A.     Yes, yes.

23            Q.     Okay.  But you wouldn't get that  
24     report, right?

1                   A.     I do not.

2                   Q.     Okay. And the only way you would  
3 learn that they were ordering more than their  
4 six-week average would be if the chief  
5 pharmacist contacted you and told you about it,  
6 correct?

7                   A.     Yes.

8                   Q.     Okay. And so was there anybody at  
9 DDM corporate or in the warehouse that would  
10 also be notified when one of those reports was  
11 generated?

12                  A.     Yes -- not when the report was  
13 generated. If the order was pulled as two, as  
14 in your example, monthly there was a report that  
15 Tom Nameth and Jason Briscoe would look at, and  
16 they would contact that store and inquire, you  
17 know, as to why.

18                  Q.     Okay.

19                  A.     If there was more patients or  
20 whatever, and they would have the ability to  
21 answer back as to why.

22                  Q.     You'd agree that that's sort of  
23 more of a retrospective report, correct?

24                  A.     Yes.

1           Q.     Okay.  So all the drugs that are  
2     listed on that report have already been shipped  
3     out, right?

4           A.     Yes.

5           Q.     Okay.  And so the only potentially  
6     prospective report would be the six-week average  
7     report, right?

8           A.     That, and the knowledge of the  
9     person pulling.  If it was two bottles instead  
10    of one bottle, but if there were five, six,  
11    seven bottles, that would definitely be in  
12    question.

13          Q.     Okay.  But you're just relying on  
14    someone's memory at that point, right?

15          A.     And their knowledge of our stores.

16          Q.     Okay.  And there's 74 of them,  
17    right?

18          A.     Yes.

19          Q.     Okay.  And so let's say a  
20    pharmacist gets this, you know, six-week average  
21    report, and they ordered one bottle and this  
22    time they order two and they get it and they're  
23    like, "Well, I know, you know, this is legit."

24                   Were there ever instances where



1     they would just, you know, file that report away  
2     and not do anything further, that you know of?

3             A.     That I know of, yes.

4             Q.     Okay. And so did DDM require the  
5     chief pharmacist to take any action when they  
6     received a report like that?

7             A.     No. It's up to their discretion.

8             Q.     Okay. And it was sort of a, "Hey,  
9     heads up, your average is this, but this time  
10    you ordered that. Just wanted to make sure that  
11    was right."

12            A.     Yes.

13            Q.     Okay. And so in that sense, I  
14    think this phrase we've used before is it was  
15    kind of a fat-finger report to make sure there  
16    were no typing errors?

17            A.     Yes.

18                   MR. JOHNSON: That's a term that  
19    you have used.

20                   MR. MULLIGAN: Well, other people  
21    have used it, too. I think one of your  
22    witnesses used it once.

23                   MR. JOHNSON: Only in response to  
24    the questioning.

1 MR. MULLIGAN: I like it.

2 BY MR. MULLIGAN:

3 Q. Okay.

4 A. And that is what we call it.

5 Q. You do call it that?

6 MR. MULLIGAN: Well, there we go.

7 MR. JOHNSON: There you go.

8 MR. MULLIGAN: Your objection is  
9 now gone. Thank you. That's funny.

10 BY MR. MULLIGAN:

11 Q. Okay. So you do call that the  
12 fat-finger report?

13 A. Well, not all the time.

14 Q. Okay.

15 A. If you see an eleven and they  
16 really wanted one, back when they used to order,  
17 that could have been typed in that way.  
18 That's --

19 Q. You mean they held the one down a  
20 little bit too --

21 A. Yes, to us an order error, and we  
22 definitely questioned those.

23 Q. Okay. Was that the primary  
24 purpose of that six-week average report, was to

1     make sure that you didn't send eleven bottles to  
2     a pharmacist who really just wanted one?

3             A.     Yes.

4             Q.     Okay. And so would it be fair to  
5     say that that six-week average report, at least  
6     for your purposes, wasn't really part -- wasn't  
7     really something that you used to monitor for  
8     suspicious orders?

9             A.     It was one of the layers that we  
10    used at store level to raise the fact that there  
11    might be one or two items on there that you may  
12    want or may not want due to the eleven and one  
13    example.

14            Q.     Okay. But it wasn't a report that  
15    you got every week and you looked at every one  
16    and you call all the pharmacists?

17            A.     No.

18            Q.     Okay. So it was really just left  
19    to the pharmacist to make sure that they were  
20    getting what they wanted to get and it was sort  
21    of a check to make sure you didn't ship ten  
22    bottles when they only wanted one?

23            A.     It was definitely a tool that they  
24    could use.

1 Q. Okay. But it wasn't really part  
2 of Jill Strang's suspicious order monitoring --

3 A. It was not part of mine. It was a  
4 layer to --

5 MR. JOHNSON: Let him get his  
6 questions all the way out.

7 Q. So that six-week average report  
8 wasn't part of yours or corporate's suspicious  
9 order monitoring tools?

10 A. No.

11 Q. Okay. And, again, you'd agree  
12 that was the only report that was actually  
13 prospective. It was a report that generated  
14 before the drugs were shipped, correct?

15 A. Yes.

16 Q. Okay. And I think you mentioned a  
17 different report. It was a monthly report,  
18 correct?

19 A. Yes.

20 Q. Okay. And that was a report that  
21 was generated monthly by either Tom or Jason?

22 A. It was an automatic report that  
23 was given to Tom, and then when Tom retired,  
24 Jason took it over, that they could review it to

1     see if there were any increases in families of  
2     drugs, I suppose.

3             Q.     Was that report on a store level  
4     or a chain level; do you know?

5             A.     Chain. It was by store but for  
6     the whole chain.

7             Q.     Okay. And it was automatically  
8     generated each month?

9             A.     Yes.

10            Q.     And it was e-mailed by Pioneer  
11     to -- how was that done?

12            A.     I think it was generated at  
13     corporate.

14            Q.     Okay. So it sounds like you  
15     weren't part of that process?

16            A.     I was not.

17            Q.     Okay. Have you ever looked at  
18     that report?

19            A.     I've seen it, but I've never  
20     analyzed it, and I've never done anything with  
21     it.

22            Q.     Okay. So you're not the person to  
23     ask about that?

24            A.     No.

1 Q. Okay. And so your  
2 responsibilities wouldn't include reviewing or  
3 analyzing that report or communicating with  
4 physicians about what they're ordering?

5 A. No.

6 Q. Okay. And it sounds like unless a  
7 physician contacted you and said, "I ordered the  
8 wrong number," you wouldn't be involved in  
9 discussing the size or quantity of their orders  
10 otherwise, right?

11 A. Yeah. No.

12 Q. Okay. Just fulfilling them?

13 A. Yes.

14 Q. Okay. Have you at any time ever  
15 played any role in reporting suspicious orders  
16 that were placed within the DDM business?

17 A. No.

18 Q. Okay. Do you know who's  
19 responsible for complying with the CSA's  
20 reporting obligations?

21 A. I would say Jason Briscoe.

22 Q. Okay. Jason?

23 A. Mm-hmm.

24 Q. And prior to Jason, would it have

1     been Tom Nameth?

2                   A.     Yes.

3                   Q.     Okay. Do you know, does Pete play  
4     any role in that?

5                   A.     I would assume yes, but I do not  
6     know the answer to that.

7                   Q.     Okay. So we've talked about --  
8     strike that.

9                             So on a corporate level, would it  
10    be fair to say that the primary way that DDM  
11    monitors the movement of controlled substances  
12    is via that one-month report that either Jason  
13    or Tom would look at?

14                   MR. JOHNSON: Objection.

15                   A.     Can you repeat that?

16                   Q.     Sure. It wasn't a good question.

17                             From a corporate level, would it  
18    be fair to say that the primary way that DDM  
19    monitored the movement of controlled substances  
20    was by way of that one-month report that Jason  
21    or Tom would review?

22                   MR. JOHNSON: Objection.

23                   A.     No.

24                   Q.     Okay. And explain to me why you

1 say no.

2 A. Because we have a process in place  
3 with multiple layers from the time that the  
4 order is sent to us to the time that the  
5 pharmacist has an option if he does or  
6 doesn't -- or she -- wants to reduce anything  
7 that may show up on that report.

8 Then it goes through us  
9 interacting at the pharmacy warehouse, whether  
10 we're pulling the item or we have a question  
11 about the item.

12 Then we have the layer of the  
13 pharmacists that were questioning if something  
14 does look -- an order error --

15 Q. Okay.

16 A. -- before it's pulled, invoiced  
17 and leaves our premises.

18 Q. So I'm talking about what is done  
19 at the corporate level. So in the C-Suite,  
20 right, you know what I'm talking about, like  
21 from the top down? We talked about -- we talked  
22 about two reports. We talked about the six-week  
23 average report, right?

24 A. Mm-hmm.



1           Q.     And the only person that gets that  
2     or has an option to take action on that report  
3     is the chief pharmacist at a store, right?

4           A.     Yes.

5           Q.     Okay. So let's put that aside.  
6     The only other report we've talked about is this  
7     one-month report that's pulled to see what is  
8     happening on a chain level, right?

9           A.     Yes.

10          Q.     And that's a retrospective report,  
11     right?

12          A.     Yes.

13          Q.     Are there any other reports that  
14     DDM generates or looks at, that you know of, to  
15     identify potential suspicious orders or  
16     diversion?

17          A.     Not reports, no.

18          Q.     Okay. Do you know whether anyone  
19     at DDM has ever identified a suspicious order  
20     involving an opioid?

21          A.     No.

22          Q.     Do you know whether DDM has ever  
23     reported a suspicious order to the DEA or the  
24     State of Ohio?

1 A. No.

2 Q. You don't know or they have not?

3 A. They have not.

4 Q. Okay. And did you learn that from  
5 reading those depositions or did you know that  
6 prior to that?

7 A. Both.

8 Q. Okay. So you knew it and then  
9 that -- depositions confirmed it?

10 A. Yes.

11 Q. Okay. Does that concern you at  
12 all?

13 A. No.

14 MR. JOHNSON: Objection.

15 Q. Have you ever had any concerns  
16 about whether DDM's systems were sufficient to  
17 catch suspicious orders and maybe that's why you  
18 didn't have any?

19 A. Can you repeat that?

20 Q. Have you ever had any concerns  
21 about whether DDM's suspicious order monitoring  
22 policies and procedures were sufficient such  
23 that they -- sufficient to catch suspicious  
24 orders?

1 MR. JOHNSON: Objection.

2 Go ahead.

3 A. I think your --

4 Q. I'll ask the question again.

5 A. I feel like you're asking two  
6 separate things.

7 Q. Let me ask it again.

8 Have you ever had any concern  
9 about whether DDM's suspicious order monitoring  
10 policies were sufficient to catch suspicious  
11 orders?

12 MR. JOHNSON: Objection.

13 A. I have not had any concerns.

14 Q. Okay. Zero orders is pretty good,  
15 isn't it?

16 A. Yes.

17 Q. I mean, you're aware that there's  
18 a nationwide opioid epidemic, correct?

19 A. Yes.

20 Q. And that's why we're here?

21 A. Yes.

22 Q. And that means that diversion has  
23 been rampant; would that be fair?

24 MR. JOHNSON: Objection.

1 A. Yes.

2 Q. Okay. But in the 21 years that  
3 you've been the pharmacy buyer and the warehouse  
4 head, there's never been a single suspicious  
5 order that went through DDM, that you know of?

6 A. No.

7 Q. And you don't see any -- you don't  
8 think that that's suspicious itself?

9 A. No.

10 MR. JOHNSON: Objection.

11 Q. Are you aware of what the  
12 suspicious order monitoring policies and  
13 procedures are of distributors or other chain  
14 drugstores?

15 A. I'm aware of them. I don't know  
16 the exact wording of them.

17 Q. Okay. Do you know whether they're  
18 stronger or weaker than DDM's policies and  
19 procedures?

20 MR. JOHNSON: Objection.

21 A. I know our wholesaler does have  
22 procedures in place to stop orders that they may  
23 feel are suspicious. However, I will say that  
24 working for as long as I have at Discount Drug

1 Mart and with the crew that I have and policies  
2 that we have in place that we do on a daily  
3 basis, I don't think in my -- because I've been  
4 there for as long as I have been, that anything  
5 that left our facility was any type of  
6 suspicious orders.

7 Q. It sounds like you have a lot of  
8 faith in your people, right?

9 A. I do.

10 Q. Okay. And so DDM -- would it be  
11 fair to say that DDM's policies and procedures  
12 regarding suspicious order monitoring involves a  
13 lot of trust?

14 A. Yes.

15 Q. And a lot of faith that people are  
16 doing what they're supposed to be doing?

17 A. Yes, including our stores.

18 Q. Okay. And you indicated that  
19 there was a distributor that maybe had their own  
20 policies and procedures that they imposed upon  
21 you guys?

22 A. Yes.

23 Q. Okay. And would that -- well,  
24 what would -- strike that.

1 We'll talk about that later.

2 So what we've been talking about,  
3 those two reports, have those -- have the way  
4 that those have been used and reviewed, has that  
5 been consistent in your time?

6 A. Yes.

7 Q. Okay. And so I assume that that  
8 hasn't changed much since that VAWD  
9 accreditation happened in 2016?

10 A. No.

11 Q. Okay. Did you basically put that  
12 stuff down on paper for the purposes of the VAWD  
13 accreditation, what you did?

14 A. The procedures that I wrote?

15 Q. Correct.

16 A. Yes.

17 Q. Okay. Do you recall -- so we've  
18 got these two reports, right?

19 A. Yes.

20 Q. Okay. And as you told me, I think  
21 really the one-month report is really the one  
22 that maybe is used more heavily for -- to  
23 identify suspicious orders or diversion, right?

24 A. I wouldn't say it's used more

1 heavily, but it is a part of the process.

2 Q. Okay. Was there ever any --  
3 strike that.

4 I'm assuming you read in the  
5 depositions that have occurred that there was  
6 some discussion about the third -- a third piece  
7 of what's done, and that's due diligence?

8 A. Yes.

9 Q. Okay. And I imagine that due  
10 diligence would be -- and tell me if I'm wrong.  
11 It would be Jason and Pete looking at that  
12 one-month report and determining whether  
13 something needs to be investigated; would that  
14 be one example?

15 A. Yes, one example.

16 Q. Another example would be a  
17 pharmacist looking at the six-week average  
18 report to determine whether they meant to  
19 actually order that number of drugs, right?

20 A. Yes.

21 Q. Okay. Was there ever any due  
22 diligence that you did related to specifically  
23 suspicious order monitoring or diversion?

24 A. Reviewing -- if an order looked

1     like an order error and it was brought to my  
2     attention, yes, I did everything I could to make  
3     sure that it was not leaving the facility  
4     without being legitimate.

5             Q.     Okay. And I think we're sort of  
6     crossing topics. I'm specifically asking as it  
7     relates to suspicious order monitoring.

8                     So did you ever have any role  
9     where you would need to call the pharmacist to  
10    ensure that -- to inquire about anything other  
11    than, "Was this the number you wanted?"

12            A.     Repeat that.

13            Q.     Sure. I assume you interacted  
14    with pharmacists, right?

15            A.     Yes.

16            Q.     Did you ever contact a pharmacist  
17    and say, "You know, this prescription seems  
18    large. Are you sure this is right? Have you  
19    called the doctor?" Or were your discussions  
20    solely limited to, "Is this the right number  
21    that you wanted?"

22            A.     Only the right --

23                     MR. JOHNSON: Objection.

24            Q.     Go ahead.



1           A.     Only the right number. I have  
2     nothing to do with the prescribers.

3           Q.     Okay.

4           A.     I have nothing to do with anything  
5     other than fulfilling their order based on their  
6     professional opinion and what they need.

7           Q.     Okay. So would it be fair to sum  
8     up your role in that respect as your purpose was  
9     to make sure that the right number of things  
10    went to the right place based on what people  
11    wanted?

12          A.     Yes.

13          Q.     Okay. And so you wouldn't have  
14    done any due diligence regarding the  
15    identification of a suspicious order?

16          A.     My due diligence was to look up  
17    the store's history before I even called them.

18          Q.     So explain to me how that would  
19    happen without the store calling you?

20          A.     Somebody would bring that to my  
21    attention. One the pullers would say, "This  
22    order says they want ten. I don't pull more  
23    than two of these."

24          Q.     All right. So the only instance

1     where the due diligence would occur or start  
2     with you would be if your puller said, "I'm used  
3     to store 6 getting two bottles but they want ten  
4     now"?

5             A.     That is one reason, yes.

6             Q.     Okay. Or the pharmacist would  
7     call you and say, "Hey, I just got this  
8     report" -- let me finish.

9             MR. JOHNSON: Yeah.

10            A.     I know. I didn't say anything.

11            Q.     -- and it says, "Ten bottles, but  
12     I really only wanted two bottles."

13            A.     Correct.

14            Q.     Okay. And in both of those  
15     instances -- well, we talked about the first --  
16     we talked about the latter one. But the first  
17     one, if your puller comes to you and says, "Hey,  
18     they -- it looks like -- I think this one has  
19     ordered too many," you would go look at their  
20     history?

21            A.     Definitely.

22            Q.     Okay.

23            A.     I look at the chain's history, and  
24     I look at the store's history.

1 Q. Okay. And if that information  
2 suggested to you that their order probably was a  
3 fat-finger order, you then call the pharmacist  
4 and said, "Hey, did you mean to get this many?"

5 A. Yes.

6 Q. Okay. But you wouldn't inquire  
7 beyond that level as it relates to, "Is that  
8 what you meant to order?"

9 Right?

10 A. Yes.

11 Q. Okay. Did you ever interact with  
12 Jason or Pete about identifying suspicious  
13 orders other than -- not orders that were maybe  
14 just mistakenly entered but ones that had  
15 indicia of suspicion?

16 A. No.

17 Q. Okay. Were you ever asked to look  
18 at or run reports to determine whether there  
19 were any suspicious orders occurring or whether  
20 further investigation was needed?

21 A. No.

22 Q. Okay. Are there reports you could  
23 have run to see whether that was occurring?

24 A. No.

1                   Q.     Could you have run a report that  
2     would show -- well, I think you could have, but  
3     confirm for me -- whether you could have run a  
4     report to see -- strike that. That was just  
5     terrible.

6                    Could you have accessed a report  
7     that would have showed you how many opioids were  
8     going to a particular store on a given month?

9                   A.     Yes.

10                  Q.     Could you have run a report that  
11     would have shown how much they were ordering  
12     over time?

13                  A.     I could not run the reports.

14                  Q.     Okay.

15                  A.     I would have to inquire about  
16     those. Somebody else would run the reports.  
17     And I probably would have gone to Jason about  
18     that.

19                  Q.     Okay. Do you know what any of the  
20     red flags are for a suspicious order?

21                  A.     Yes.

22                  Q.     Can you tell me what some of them  
23     are? I'll have to make a list.

24                  A.     It's not a very long list because

1 I can only think of one that -- again, double  
2 digits on an order for a particular item that  
3 normally is only pulled in ones or twos. I  
4 mean, that to me is a red flag. At my level, at  
5 the distribution center, that's my red flag.

6 Q. Okay. Are you aware just  
7 personally of any other red flags which might be  
8 indicia of diversion?

9 A. At store level, yes.

10 Q. Okay. What would those be?

11 MR. JOHNSON: I'm going to object  
12 to this.

13 But go ahead and answer.

14 A. Yeah. Well, that's what I -- I  
15 mean, that is not my expertise. I'm not a  
16 pharmacist.

17 Q. That's okay. I'm not asking for  
18 your expert opinion. I'm asking you what --  
19 just what you know.

20 I mean, you know what a pill mill  
21 is, right?

22 A. Yes.

23 Q. Okay. And what is a pill mill?

24 A. A pill mill is where they are

1 diverting pills.

2 Q. So a doctor maybe whose providing  
3 prescriptions to people who don't need them?

4 A. Don't need them. Sorry. Yes.

5 Q. Or writing prescriptions that are  
6 too large?

7 A. Yes.

8 Q. Or writing prescriptions that have  
9 too frequent fill dates maybe?

10 A. Yes.

11 Q. Or writing two prescriptions that  
12 the person then can fill at two separate stores?

13 A. Yes.

14 Q. Okay. So are you aware of all  
15 those, or did I just feed them to you?

16 A. You reminded me.

17 Q. Okay.

18 A. I'm sorry.

19 Q. No. That's okay.

20 But those are things that you  
21 don't look for in your role at DDM, right?

22 A. No.

23 Q. Okay. What, if anything, would  
24 you do if one of your pullers came to you and

1 said, "Store 1 usually orders one bottle. This  
2 month they've ordered four"? What would you do  
3 at that point?

4 A. At that point, I would definitely,  
5 again, check the history to see what is going  
6 on. Call the store. Ask for their professional  
7 opinion on why -- you know, "Has there been an  
8 increase, has there been any other triggers as  
9 to why you need four times the amount that you  
10 normally order?"

11 On some occasions, maybe not that  
12 much, somebody will say, "Well, it didn't get  
13 ordered the week prior. I don't know why. So  
14 I'm trying to catch up with my order." So that  
15 would even out the average. That's all I can  
16 think of.

17 Q. So long as the pharmacist provided  
18 you with an explanation, you would defer to them  
19 on their judgment?

20 A. Yes, I would.

21 Q. Okay. And so you wouldn't -- you  
22 wouldn't ask to look any deeper than that,  
23 right?

24 A. No, because I -- again, if I'm

1     sending out the bottles and the pills, there's a  
2     legitimate dispensing procedure, and after it  
3     leaves the facility, if they say they need that  
4     because of, you know, prescriptions, then I'm  
5     going to entrust that once it leaves the  
6     facility, that it is accounted for.

7             Q.     So if they said, "Well, there's a  
8     doctor that's sending us more people and we just  
9     need them to fill the prescriptions," that was  
10    enough?

11            A.     If it was -- yes.

12            Q.     Okay.

13                   MR. JOHNSON:  Is this a good time  
14     for a break?

15                   MR. MULLIGAN:  Sure.

16                   THE VIDEOGRAPHER:  The time is now  
17     10:15.  Going off the record.

18                   (Recess taken.)

19                   THE VIDEOGRAPHER:  The time is now  
20     10:28.  Back on the record.

21    BY MR. MULLIGAN:

22             Q.     Hi, Ms. Strang.  We're back after  
23     the break.  Are you ready to go?

24             A.     Yes.



1           Q.     Okay. I asked you previously  
2     about a situation where one of your four pullers  
3     at the warehouse would come to you and say,  
4     "Hey, store 1 ordered four bottles this week,  
5     usually they only order one."

6                     Do you remember that?

7           A.     Yes.

8           Q.     Okay. And my understanding is  
9     that what you would do at that point is you  
10    would look at their order history first, right?

11          A.     Yes.

12          Q.     And then you would contact the  
13    pharmacist to make sure that that's what they,  
14    in fact, needed, correct?

15          A.     Yes. And I'd also like to add  
16    that with the technician -- and I call her  
17    technician. With the puller's knowledge on that  
18    order, they probably would have had an asterisk  
19    next to that item identifying it as an over  
20    six-week average, so that would also been --  
21    because I'm so used to now with the voice  
22    activation.

23          Q.     Right.

24          A.     At that time there was the paper

1 copy, which emulates what the stores were  
2 getting as far as them being able to make a  
3 decision if they wanted that or not.

4 Q. Okay. Obviously we took a break,  
5 right? And you went and you spoke with your  
6 counsel and Mr. McConnell, right?

7 A. Yes.

8 Q. And was there anything that you  
9 were told in that room that refreshed your  
10 recollection about anything?

11 A. That.

12 Q. Okay. So when you went on break,  
13 they reminded you of that fact and now you've  
14 given it to me, correct?

15 A. No. It was that I kept saying  
16 that I was not receiving the report, and I don't  
17 receive the store's report.

18 Q. Okay.

19 A. But those numbers do show up as an  
20 asterisk, which I did mention earlier --

21 Q. Okay.

22 A. -- as far as making it an over  
23 six-week average amount.

24 Q. Okay.

1           A.     And I wanted to --

2           Q.     But there's no report that's  
3     generated that shows that. That's what comes  
4     out with each specific order, right, or your  
5     pullers are looking at that?

6           A.     On their pick ticket.

7           Q.     Okay. And I assume you don't look  
8     at every pick ticket, right?

9           A.     No.

10          Q.     Okay. Is there any policy and  
11     procedure at DDM, when that greater than  
12     six-week average report is produced to the  
13     pharmacist, that requires them to communicate  
14     that to the pharmacy operations team at  
15     corporate?

16          A.     No.

17          Q.     Okay. And if you're informed by a  
18     puller that there's an order that has an  
19     asterisk on it, is there any policy and  
20     procedure that requires you to share that  
21     information with pharmacy operations at the  
22     corporate headquarters?

23          A.     No, because I do -- I investigate  
24     it myself.

1           Q.     Okay. And your investigation  
2 includes calling the pharmacist to make sure  
3 that's the actual correct number that they  
4 wanted, right?

5           A.     And -- yes. And looking up their  
6 prior history.

7           Q.     Okay. But you would do that first  
8 to see whether the order made sense, right?

9           A.     Yes.

10          Q.     And that was maybe an indicia that  
11 they had typed in something wrong?

12          A.     Yes.

13          Q.     Okay. Have you ever been a part  
14 of any sort of investigation into whether --  
15 into a potential order -- strike that.

16                   Have you ever been part of any  
17 sort of investigation or inquiry at DDM  
18 regarding a potentially suspicious order?

19          A.     No.

20          Q.     Okay. Have you ever been part of  
21 an investigation into a DDM store where there  
22 was a belief that diversion may be taking place?

23                   MR. JOHNSON: Objection.

24                   Go ahead and answer.

1 A. No.

2 Q. Okay. Are you aware of any  
3 potentially suspicious orders that were  
4 identified by anybody at DDM ever?

5 A. No.

6 Q. Are you aware of any sort of  
7 investigations or inquiries that were ever done  
8 of a DDM store by DDM that they believed may be  
9 assisting in diversion?

10 MR. JOHNSON: Objection.

11 Q. Or permitting diversion?

12 MR. JOHNSON: Objection.

13 A. No.

14 Q. Okay. Would you have been  
15 involved in something like that if that had  
16 occurred?

17 A. No.

18 Q. And why is that?

19 A. Because I am on the distribution  
20 side, and anything happening at store level  
21 would be handled by the supervisors and the  
22 pharmacists at that store.

23 Q. Do you think that if there was a  
24 store that DDM suspected was permitting

1 diversion, they would have informed you as the  
2 pharmacy warehouse supervisor and said, "Hey, we  
3 need to stop shipping this stuff to this store  
4 because there's a problem"?

5 A. Yes, but they may have made me --  
6 sometimes they don't -- well, I shouldn't say  
7 "sometimes."

8 I may not be aware because they  
9 are trying to investigate themselves, so we're  
10 going to run the policies and procedures as  
11 normal, not letting me know, not letting the  
12 pullers know, if there was reason to believe  
13 that they were trying to catch a diversion.

14 Q. And you're not aware of --

15 A. That is an example.

16 Q. Okay. But you're not aware of  
17 that ever occurring, correct?

18 A. No.

19 Q. Has anybody at DDM corporate ever  
20 told you that a certain store was being -- that  
21 DDM was imposing certain limitations on a  
22 store's ability to order a controlled substance?

23 A. No.

24 Q. Okay. Has DDM ever had thresholds

1 of drugs that a store could order in a given  
2 period of time?

3 A. No.

4 Q. From you, right?

5 A. From me.

6 Q. And when I say "you," I mean the  
7 distribution center.

8 A. Correct. No.

9 Q. Okay. But other distributors or  
10 manufacturers have imposed thresholds on DDM  
11 stores in terms of what they could order in a  
12 given time period, correct?

13 MR. JOHNSON: Objection.

14 A. Based on our history, yes.

15 Q. Okay. Have you ever been involved  
16 in a discussion with anybody at DDM about  
17 whether a particular order was suspicious or  
18 not?

19 A. No.

20 Q. Are you aware of any order that  
21 anyone at DDM ever identified as possibly or  
22 potentially suspicious regardless of whether it  
23 was determined to be actually suspicious after  
24 the fact?

1 A. No.

2 Q. Okay. And other than the things  
3 we've talked about already, is there anything  
4 else that DDM does to monitor for suspicious  
5 orders?

6 A. No.

7 Q. Was there ever a time when DDM  
8 strengthened its suspicious order monitoring  
9 policies and procedures other than just putting  
10 them in writing?

11 MR. JOHNSON: Objection.

12 A. They strengthened them with that  
13 report.

14 Q. Which report are you talking  
15 about?

16 A. The one that prints at the store  
17 level, and the asterisk showing up on the pick  
18 ticket.

19 Q. That's the six-week average  
20 report?

21 A. The report that prints at the  
22 store. And then the actual pick ticket that the  
23 pullers pull from with the asterisks on it that  
24 would be more of a six-week average, that



1 strengthened -- however many years ago I don't  
2 know, but that strengthened another layer to  
3 help us with that.

4 Q. With what?

5 A. With seeing if -- with giving the  
6 pharmacy an option to see if something was an  
7 order error or for us to bring to my attention  
8 if something was an order error.

9 Q. Okay. An order error is different  
10 than a suspicious order, right?

11 A. Yes.

12 Q. Okay. And do you know when that  
13 six-week average report was added?

14 A. I do not know.

15 Q. Okay. So there's not any you can  
16 recall that would be -- that was added to  
17 strengthen specifically the suspicious order  
18 monitoring procedures that DDM uses?

19 MR. JOHNSON: Objection.

20 A. When it was added, it was a nice  
21 tool to use at the store level and for us at the  
22 distribution center, and that's --

23 Q. But you'd agree there's nothing  
24 specific about that report that would identify

1 an order as suspicious, correct?

2 A. No.

3 Q. Okay. And I'm assuming, based on  
4 the testimony you just gave me, that there was  
5 never a time where you or anyone at DDM stopped  
6 a -- or suspended a shipment of a controlled  
7 substance based on a concern that it was  
8 suspicious, correct?

9 A. Correct.

10 Q. Do you know whether any DDM  
11 pharmacist has refused to fill a prescription on  
12 the belief that it was suspicious?

13 MR. JOHNSON: Objection.

14 A. I do not.

15 Q. You don't know? Do you know who  
16 would know that?

17 A. Peter or Jason.

18 Q. Are you aware of the procedures  
19 that they have in place with their pharmacists  
20 to, you know, communicate about orders that a  
21 pharmacist determined were suspicious?

22 A. I do not, other than that report  
23 that Jason uses on a monthly basis to ask about  
24 that, but on a specific occasion, no, I do not.

1 I do not -- I'm not involved in that.

2 Q. When you communicate with  
3 pharmacists about, you know, "Hey, was this  
4 order what you meant to order," would you  
5 provide them with any sort of forms, or would  
6 that communication be oral?

7 A. Oral.

8 Q. Okay. Did you ever send an  
9 e-mail?

10 A. No.

11 Q. Any reason why it would be oral  
12 and not be an e-mail?

13 A. Because an e-mail -- I needed an  
14 answer right then and there so we could pull the  
15 order, we could reduce the order, and have it  
16 invoiced and ready to go for the day, because  
17 we'd be waiting on that.

18 Q. So you're in the midst of filling  
19 this order and you catch this glitch and you --  
20 everything has to stop until you resolve it so  
21 you pick up the phone and you call them?

22 A. Yes.

23 Q. Okay. Do you know whether DDM has  
24 ever identified a pill mill?

1 MR. JOHNSON: Objection.

2 A. I do not know that.

3 Q. Okay.

4 THE VIDEOGRAPHER: Counsel on the  
5 phone, could you put your phone on mute,  
6 please.

7 BY MR. MULLIGAN:

8 Q. Do you know whether DDM -- other  
9 than that one-month report -- ever analyzed data  
10 that it collected regarding the movement of  
11 controlled substances to determine whether  
12 diversion was taking place?

13 A. I do not know.

14 Q. You don't know? Okay.

15 A. No.

16 Q. Were you ever involved in any sort  
17 of internal audit regarding the sale of opioids  
18 to identify patterns regarding prescriptions?

19 A. Repeat that, please.

20 Q. Have you ever been involved in any  
21 sort of DDM audit or investigation to look at  
22 opioid sales to determine whether there were any  
23 patterns that may reflect diversion was taking  
24 place?

1 MR. JOHNSON: Objection.

2 You can answer.

3 A. No.

4 Q. Okay. I know you said that you've  
5 never identified a suspicious order, correct?

6 A. Correct.

7 Q. And you don't know of anyone at  
8 DDM who has ever identified a suspicious order,  
9 correct?

10 A. Correct.

11 Q. Have you or anyone ever identified  
12 a possible suspicious order that required  
13 additional due diligence or investigation?

14 A. No.

15 Q. If someone said to you, "I think  
16 this order is potentially suspicious," what  
17 would you do? Would you know what to do? Is  
18 there a policy or procedure that says what the  
19 next steps are?

20 A. There is not a written policy, but  
21 I would definitely go to my supervisor and make  
22 them aware of it.

23 Q. And that would be Jason and Pete?

24 A. Correct.

1 Q. Do you know whether any of the --  
2 well, strike that.

3 So my understanding is in  
4 something like October of 2014, opioids became a  
5 Schedule II; is that fair?

6 A. Hydrocodone?

7 Q. Yeah, hydrocodone. I'm sorry.  
8 Correct.

9 A. Yes.

10 Q. And so at that point, you guys  
11 only had a license for III to VI?

12 A. V.

13 Q. V? Okay.

14 And so what did that mean for you  
15 as the pharmacy buyer?

16 A. For me, it meant that we could no  
17 longer have any of the hydrocodones at our  
18 warehouse. We do not carry a C-II license. We  
19 do not have a vault. So I could not order any  
20 more into our warehouse.

21 Q. So where did DDM stores get their  
22 hydrocodone from at that point?

23 A. After it became C-II?

24 Q. Mm-hmm.

1           A.       From -- we were with Cardinal at  
2   that -- Cardinal wholesaler.

3           Q.       Okay. And where do DDM pharmacies  
4   get their hydrocodone today?

5           A.       McKesson.

6           Q.       Okay. And was there another  
7   distributor that came into play there at some  
8   point in the middle?

9           A.       Not our primary wholesaler, no.

10          Q.       Okay. And what do you mean by  
11   that?

12          A.       I do believe there was a  
13   pharmacy -- I can't think of their name. There  
14   was a secondary for a little while there, and I  
15   don't know if it was in 2014, but there was a  
16   secondary wholesaler that a few of our stores  
17   were using, but Cardinal was at 2014 and  
18   McKesson was 2017.

19          Q.       Would that have been Anda?

20          A.       Yes.

21          Q.       Did the stores go directly to  
22   those distributors to get hydrocodone or did  
23   they have to go through you?

24          A.       Directly to the wholesaler.

1           Q.     Okay. Did you play any role at  
2 all in monitoring what the stores were ordering  
3 from the distributors?

4           A.     No.

5           Q.     Do you know, did anybody at DDM  
6 corporate play any role in sort of overseeing  
7 what the stores were ordering from the  
8 distributors?

9           A.     I don't know.

10          Q.     Did those distributors have any  
11 suspicious order monitoring policies that you  
12 learned about at any time?

13          A.     Yes.

14          Q.     And what were they?

15          A.     Cardinal used to send a report for  
16 any stores that hit the threshold of certain  
17 items. It was more of an informative e-mail.

18          Q.     What do you mean by "informative"?

19          A.     It listed what stores were hitting  
20 their threshold, like, you know, whether they're  
21 hitting an 85 percent, you know, they never hit  
22 the 100. It gave them a warning, and that was  
23 sent to Jason Briscoe and myself.

24          Q.     So when DDM switched over to



1 Cardinal, Cardinal imposed thresholds on DDM  
2 stores for hydrocodone?

3 A. Controls.

4 Q. Okay. All controlled substances?

5 A. Yes.

6 Q. Okay. That was the first time  
7 that DDM ever had any controlled substance  
8 thresholds, correct?

9 MR. JOHNSON: Objection.

10 A. Through a wholesaler.

11 Q. Did you ever have any thresholds  
12 not through a wholesaler?

13 A. No.

14 Q. Okay. So it was the first time  
15 there were ever any thresholds for controlled  
16 substances imposed on DDM's stores, correct?

17 A. Through the wholesaler, yes.

18 Q. You keep qualifying it with  
19 "through the wholesaler," but I'm just asking,  
20 was there ever any other time where there were  
21 thresholds on what a DDM store could get  
22 regarding controlled substances?

23 MR. JOHNSON: Objection.

24 A. No.

1 Q. Okay. So you'd agree the first  
2 time that DDM stores had to deal with thresholds  
3 for controlled substances was when hydrocodone  
4 went to a Schedule II and DDM started using  
5 these distributors, correct?

6 A. For hydrocodones?

7 Q. For any controlled substance.

8 A. Yes.

9 Q. Okay. Do you know whether any of  
10 the distributors ever reported an order placed  
11 by a DDM pharmacist as suspicious to the DEA or  
12 the State of Ohio?

13 MR. JOHNSON: Objection.

14 A. I don't know.

15 Q. So you have no recollection of any  
16 order for a controlled substance ever being cut  
17 to a DDM store?

18 MR. JOHNSON: Objection.

19 A. Probably being cut, but not -- I  
20 don't know about it being --

21 MR. JOHNSON: Reported?

22 A. Reported. Thank you. Reported.

23 Q. So you are aware of instances  
24 where one of the distributors actually cut an

1 order that was placed by a DDM store?

2 A. When I would get the e-mail.

3 Q. Okay. And how often would that  
4 occur?

5 A. Not very often, but it would  
6 happen.

7 Q. Okay. How often were stores  
8 ordering from -- controlled substances from  
9 those distributors at that time; do you know?

10 A. With Cardinal, it was three days a  
11 week, I believe.

12 Q. So you'd place an order three  
13 different days a week?

14 A. Yes.

15 Q. And did you play any role in  
16 monitoring those orders?

17 A. No.

18 Q. But it sounds like you did receive  
19 the e-mails if an order was cut or if Cardinal  
20 had a problem with it?

21 A. If it was reaching the threshold,  
22 I got the e-mail, so did Jason, and we would let  
23 the store know that they were potentially  
24 reaching their threshold. It could be -- it

1       could have been the last day of the month.

2                   Q.       So would your role in that process  
3       be simply to forward that e-mail to the  
4       pharmacist?

5                   A.       Yes.

6                   Q.       Did you do anything more to  
7       determine whether the order that was placed was  
8       appropriate or not?

9                   A.       Jason would look into those.

10                  Q.       As far as you know?

11                  A.       Yes.

12                  Q.       Do you know what Jason did to look  
13       into those orders?

14                  A.       I do not.

15                  Q.       Okay. So when the switch to  
16       Cardinal happens, if a store hit their threshold  
17       before the time ran out, before it reset, right,  
18       you'd get an e-mail that would say, "We've cut  
19       this order."

20                           Is that right?

21                  A.       Yes.

22                  Q.       And then you would just forward  
23       that to the pharmacist, correct?

24                  A.       I would let them know that, yes,

1       they're reaching their threshold and that's all.

2               Q.       Okay.

3               A.       I would just forward it to them.

4               Q.       And if anything else happened, it  
5       would have been Jason or -- it would have been  
6       Jason at that point, right?

7               A.       Jason.

8               Q.       Okay. But you don't know what  
9       Jason would have done?

10              A.       No.

11              Q.       Did Jason ever follow up back with  
12       you?

13              A.       No, he did not, but I do know that  
14       he would call the store and investigate it, but  
15       I don't know the exact terminology and I don't  
16       know exactly what happened after that. I just  
17       know that he took it upon himself to -- you  
18       know, I made sure the store knew about it and he  
19       would investigate it.

20              Q.       Do you know that from reading his  
21       deposition?

22              A.       No.

23              Q.       You just know that --

24              A.       I just know that that's what he

1 would do with it.

2 Q. Okay. Did DDM have any policies  
3 and procedures about what needed to be done to  
4 follow up on an order that was cut by Cardinal?

5 A. No.

6 Q. Okay. All right. Ms. Roach is  
7 going to hand you what she's marking as  
8 Exhibit 2, which is DDM's Responses to  
9 Plaintiffs' First Set of Interrogatories.

10 - - -

11 (DDM-Strang Exhibit 2 marked.)

12 - - -

13 BY MR. MULLIGAN:

14 Q. And you can either look at the  
15 paper document or the screen if you want. I'm  
16 only going to direct you to a couple of these.  
17 You're more than welcome to read the whole  
18 thing, but it will take a while. I promise you  
19 I'll just look at a couple, okay?

20 A. Okay.

21 Q. Have you ever seen this document  
22 before?

23 A. I have not.

24 Q. Did you assist in the preparation

1 of this document; do you know?

2 A. No.

3 Q. Okay. If you go to -- if you go  
4 to the back, there's a verification page that's  
5 signed by Mr. McConnell. Did you ever have any  
6 discussions with him about answering any of  
7 these questions?

8 A. No.

9 Q. Okay.

10 MR. JOHNSON: Because she doesn't  
11 know what the questions are at this  
12 point, but ...

13 MR. MULLIGAN: That's fair.

14 BY MR. MULLIGAN:

15 Q. I just wanted to know if he said,  
16 "I have to answer these interrogatories. Can  
17 you help me with it?" That didn't happen.

18 A. No.

19 Q. Okay. Have you ever searched your  
20 own paper or electronic files for any e-mails or  
21 documents that would be responsive to our  
22 requests in this case?

23 A. I did not.

24 Q. Okay. Do you know if somebody

1     else did?

2             A.     Yes.

3             Q.     And who was that?

4             A.     Keith Miller, our head of IT.

5             Q.     And when was that done; do you  
6     know?

7             A.     Two months ago.

8             Q.     Were you given any instructions  
9     about retaining copies of documents or e-mails  
10    or anything like that?

11            A.     I was not.

12            Q.     Okay. Do you know what a  
13    litigation hold is?

14            A.     No.

15            Q.     Okay. You've never heard the term  
16    "litigation hold"?

17            A.     I may have heard of it, but I  
18    don't know what it is.

19            Q.     Okay. Has anybody ever told you  
20    as the pharmacy warehouse supervisor to retain  
21    all documents regarding the movement of  
22    controlled substances?

23            A.     I do not take care of all that.  
24    That is through our computer department.



1 Q. Okay. So you couldn't get rid of  
2 that stuff even if you wanted to?

3 A. I don't even know where it is.

4 Q. Okay. Let's look at Interrogatory  
5 Number 1. Do you see -- do you see under  
6 "Response" it says "Discount Drug Mart" and then  
7 it has an address?

8 A. Yes.

9 Q. This question is asking for the  
10 name and address of distribution centers, and I  
11 just want you to confirm that that's where you  
12 go to work every day?

13 A. Yes.

14 Q. Okay. And I think, as you  
15 indicated before, that's actually basically the  
16 same location as the headquarters, correct?

17 A. Correct.

18 Q. Okay. So if you wanted to go talk  
19 to Pete Ratycz, would you just walk up some  
20 stairs or take an elevator?

21 A. He's two offices over from there.

22 Q. Perfect.

23 A. Yep, same hallway.

24 Q. Okay. Let's look at Interrogatory

1     Number 4. And we've already talked about this  
2     today. But this says, "Please identify any  
3     orders you received" -- and "you" I'll just  
4     represent to you for this document means DDM,  
5     okay, but I'm going to ask you about you  
6     specifically.

7                     It says, "Please identify any  
8     orders you received that were at any point  
9     identified as a possible suspicious order." And  
10    then it says, "For each of those, identify the  
11    following information." And then the response  
12    is "None."

13                    And that's consistent with what  
14    you've told me, right?

15                    A.     Yes.

16                    Q.     Okay. And so there wouldn't have  
17    ever been an instance at DDM where anybody had  
18    to do any due diligence regarding a possible  
19    suspicious order because none was ever  
20    identified, correct?

21                    A.     Correct.

22                    Q.     In response to -- well, strike  
23    that.

24                    Did Jason or Pete ever contact you

1 and say, "We've been looking at this one-month  
2 report and this -- we have some concerns about  
3 this particular store's ordering habits. We  
4 would like you to impose a threshold on them."

5 MR. JOHNSON: It's really a  
6 12-month report, isn't it? You're  
7 referring to the --

8 MR. MULLIGAN: Oh. Is it?

9 MR. JOHNSON: Yeah. It's a  
10 rolling 12-month report.

11 MR. MULLIGAN: I guess I meant the  
12 monthly report.

13 MR. JOHNSON: Yeah, everybody's  
14 been calling it different things,  
15 but ...

16 BY MR. MULLIGAN:

17 Q. Yeah. So I'm talking about the --  
18 I'm talking about the report that they generate  
19 each month that showed the ordering history for  
20 the prior year; is that correct?

21 A. Correct.

22 Q. Okay. Was there ever a time where  
23 either Tom Nameth, Jason Briscoe, or Pete Ratycz  
24 contacted you and said, "We've been looking at

1     this report we generate monthly and we have  
2     concerns about the way that this particular  
3     store is ordering controlled substances. We'd  
4     like to impose a threshold or take some other  
5     action"?

6             A.     No.

7             Q.     Did you ever learn of any issues  
8     that they identified from that report regarding  
9     possible diversion or suspicious ordering?

10            A.     No.

11            Q.     Okay. So correct me if I'm wrong.  
12     As far as you know, the two reports that DDM  
13     uses as part of their process have never  
14     identified a suspicious order or even a possible  
15     suspicious order, correct?

16            A.     Correct.

17            Q.     If you look at Interrogatory  
18     Number 5. This asks to, "Identify any persons  
19     who reviewed or analyzed data regarding the  
20     distribution and/or dispensing of opioids or  
21     your opioid products."

22                    I'm not going to read the whole  
23     thing. But if you turn to the next page,  
24     there's just four individuals. It's Tom Nameth,

1     yourself, Jason Briscoe, and Pete Ratycz.

2                     Do you see that?

3             A.     Yes.

4             Q.     Do you know of anybody else that  
5     would be involved in analyzing data regarding  
6     distribution of opioids?

7             A.     No.

8             Q.     Okay. And it sounds like your  
9     analysis would have been limited to, is this  
10    amount of drugs actually what the pharmacist  
11    wanted, correct?

12            A.     Correct.

13            Q.     Okay. Let's go to Interrogatory  
14    Number 12. And this asks to, "Identify any  
15    threshold or controlled substance limit and all  
16    personnel who are responsible for establishing  
17    or approving thresholds or controlled substance  
18    limits as well as any overrides or  
19    modifications."

20                   Do you see that?

21            A.     Yes.

22            Q.     And the answer is "None." I  
23    assume that's consistent with your testimony  
24    where you said that DDM never had any

1 thresholds, right?

2 A. Correct.

3 Q. And the only thresholds were ones  
4 that were imposed by third-party distributors or  
5 manufacturers, right?

6 A. Say that again.

7 Q. The only thresholds that were ever  
8 placed on a DDM store were by Cardinal or  
9 another manufacturer or distributor, right?

10 MR. JOHNSON: Objection.

11 MR. MULLIGAN: What's the basis?

12 MR. JOHNSON: How does she know  
13 that?

14 MR. MULLIGAN: Well, I mean, she's  
15 already testified to it. I'm just  
16 confirming.

17 MR. JOHNSON: Okay.

18 A. Wholesalers, yes.

19 Q. Okay. Did DDM have the ability to  
20 or play any role in identifying overrides or  
21 modification procedures for those thresholds,  
22 that you know of?

23 A. For the wholesalers?

24 Q. Correct.

1 A. No.

2 Q. Okay. And do you know whether the  
3 wholesalers would permit an override based on  
4 some justification provided by the store?

5 A. Yes.

6 Q. And --

7 A. If -- go ahead.

8 Q. Go ahead.

9 A. If Jason did his research and  
10 found that it was a legitimate, they did need  
11 another bottle of 100 of something, if there was  
12 an investigation on it, he would call the  
13 wholesaler or in writing -- I don't know.

14 Q. Okay.

15 A. And they would -- they needed a  
16 reason.

17 Q. Okay. And that would be -- that  
18 would be his province, right?

19 A. Yes.

20 Q. Okay. Do you recall ever -- any  
21 pharmacist ever complaining when DDM moved to  
22 Cardinal and all of a sudden there were  
23 thresholds imposed on the controlled substances?

24 A. No.

1           Q.     Do you recall that the -- did any  
2     stores have to change their ordering habits once  
3     the switch was made to Cardinal to avoid having  
4     their orders get cut?

5           A.     I do not know that.

6           Q.     Okay. When the change was made to  
7     Cardinal, do you know whether -- strike that.

8                     Did DDM -- let me start again.

9                     When hydrocodone became a  
10    Schedule II and DDM started ordering from  
11    Cardinal, were there any other wholesalers or  
12    distributors that stores could get hydrocodone  
13    from?

14           A.     When we were with Cardinal, other  
15    than Anda, if that was even a choice, that would  
16    be it.

17           Q.     Okay. Are you aware of any  
18    instance where a DDM store ordered -- had an  
19    order cut and then ordered product from a --

20           A.     I do not -- sorry.

21           Q.     -- from a backup distributor?

22           A.     I don't know that.

23           Q.     You don't know?

24           A.     No.



1 Q. Okay. Was that permitted?

2 A. I don't know.

3 Q. Was there any policies and  
4 procedure that said at the time you could only  
5 order from Cardinal?

6 A. Not that I know of.

7 Q. Okay. Were you involved at all in  
8 helping to transition DDM stores from your  
9 distribution center over to Cardinal for the  
10 purposes of hydrocodone?

11 A. No.

12 Q. Okay. Do you know who was  
13 responsible for that?

14 A. I would say Jason and Pete.

15 Q. Let's go to Interrogatory 14.  
16 This says to, "Identify all persons who were  
17 responsible for administering, overseeing,  
18 developing, or implementing any and all  
19 policies, procedures, et cetera, designed to  
20 detect and report suspicious orders or to  
21 maintain effective controls against diversion of  
22 controlled substances."

23 Do you see that?

24 A. Yes.

1 Q. And the response identifies Tom  
2 Nameth, P.J. Ferut --

3 MR. JOHNSON: Ferut.

4 Q. -- Ferut, Jill Strang, Jason  
5 Briscoe, Pete Ratycz, and Keith Miller.

6 Do you see that?

7 A. Yes.

8 Q. Do you know what each of these  
9 individuals did as it relates to that activity?  
10 I mean, obviously we talked about what you did.  
11 And I'm just curious if you know the scope of  
12 what everybody else did.

13 MR. JOHNSON: I'm going to object.  
14 But go ahead.

15 MR. MULLIGAN: What's the basis of  
16 your objection?

17 A. Well, P.J. -- oh, sorry.

18 MR. MULLIGAN: Tim --

19 MR. JOHNSON: What's -- I'm sorry?

20 MR. MULLIGAN: What's the basis of  
21 your objection?

22 MR. JOHNSON: You haven't  
23 established a foundation of knowledge  
24 that she would know what everybody in

1 the organization is doing. If you're --

2 MR. MULLIGAN: Well, I asked.

3 MR. JOHNSON: -- you're asking her  
4 what their duties are, isn't that better  
5 to ask the individuals?

6 MR. MULLIGAN: Well, I asked her  
7 if she knew what their duties were.

8 MR. JOHNSON: Okay.

9 MR. MULLIGAN: That was the  
10 premise of the question.

11 BY MR. MULLIGAN:

12 Q. You can answer.

13 A. Keith and P.J. are our computer IT  
14 people. Pete, Jason, and Tom held the  
15 responsibilities that we've talked about, and  
16 then myself.

17 Q. Okay. So I appreciate that that's  
18 what their titles were or that's what their  
19 positions were, but do you know what they did as  
20 it relates to suspicious order monitoring?

21 A. No.

22 Q. Okay. And I think earlier you  
23 testified that there are 16 or 17 documents at  
24 DDM which go in great detail about what DDM's

1 suspicious order monitoring policies are,  
2 correct?

3 MR. JOHNSON: Objection.

4 A. No.

5 Q. Okay. So clarify that for me.

6 A. There were 16 or 17 documents  
7 about VAWD, one of which that's in that  
8 procedure is about suspicious ordering. There's  
9 nothing in writing about suspicious ordering, to  
10 my knowledge.

11 Q. Okay. So DDM has no written  
12 policies and procedures regarding suspicious  
13 order monitoring?

14 A. Other than what I wrote in VAWD,  
15 no.

16 Q. Which was something you wrote as  
17 part of an application to get an accreditation,  
18 correct?

19 A. Yes.

20 Q. But that's not actively used to  
21 train people or to control what happens at DDM  
22 regarding suspicious orders, correct?

23 A. No.

24 Q. Okay. And so would it be fair to

1 say that other than what we've talked about you  
2 do, you're not really aware of what anybody else  
3 does regarding suspicious order monitoring,  
4 other than Tom and Jason look at that monthly  
5 report that reflects the year -- last year  
6 history?

7 A. And I do know that P.J. and Keith  
8 report to ARCOS.

9 Q. They make sure that information  
10 goes into the system?

11 A. Yes, yes.

12 Q. Do you interact with these  
13 people --

14 MR. JOHNSON: If you keep watching  
15 that TV, you're going to get seasick.

16 THE WITNESS: Sorry.

17 MR. JOHNSON: Okay.

18 BY MR. MULLIGAN:

19 Q. Do you interact with these people  
20 on a daily or weekly basis regarding suspicious  
21 orders?

22 A. No.

23 Q. Okay. Has anybody at DDM or  
24 outside of DDM ever indicated to you that they

1     were concerned that DDM was in violation of the  
2     Controlled Substances Act?

3                     MR. JOHNSON:  Objection.

4             A.     No.

5             Q.     Other than maybe that instance  
6     where the door wasn't -- the door could be  
7     opened with a broom handle?

8                     MR. JOHNSON:  Objection.  I'm not  
9             sure that's a violation, but assuming it  
10            is.

11            Q.     Do you know whether that is a  
12     violation of the Controlled Substances Act?

13            A.     I do not.

14            Q.     Do you recall getting a letter  
15     from the DEA regarding that?

16            A.     I believe Pete and Jason get those  
17     letters, and I thought it was a modification to  
18     what we had in place.

19            Q.     Okay.  So you're not sure whether  
20     that was a violation or not?

21            A.     No.

22            Q.     Okay.  All right.  Ms. Roach is  
23     going to hand you what I've marked as Exhibit 3.

24                                     - - -

1 (DDM-Strang Exhibit 3 marked.)

2 - - -

3 MR. MULLIGAN: Make sure you don't  
4 cover the Bates number.

5 BY MR. MULLIGAN:

6 Q. And this is -- this is DDM Bates  
7 number 68279, and it's a letter from the U.S.  
8 Department of Justice to the DEA.

9 Do you see that?

10 A. Yes.

11 Q. Have you ever seen this document  
12 before?

13 A. I don't know if this was the  
14 particular document, but I did see something on  
15 the deposition about this letter.

16 Q. Okay.

17 A. Maybe pieces of it were in there.

18 Q. So --

19 MR. JOHNSON: There's actually two  
20 letters here.

21 MR. MULLIGAN: That's right.

22 MR. JOHNSON: I think this  
23 happened before, but yeah.

24 MR. MULLIGAN: I took one of them

1 off. There's two. So there's one dated  
2 December 27, 2007, and then another  
3 dated February 7, 2007. And the second  
4 one is DDM68281.

5 BY MR. MULLIGAN:

6 Q. So the only time you would have  
7 seen this document would have been in relation  
8 to preparing for today?

9 A. Yes.

10 Q. Or at least learned about what is  
11 in it?

12 A. And I did not read it.

13 Q. Okay. All right. It says, "Dear  
14 Registrant, this letter is being sent to every  
15 entity in the United States registered with the  
16 DEA to manufacture and distribute controlled  
17 substances."

18 Do you see that?

19 A. Yes.

20 Q. And that would include DDM, right?

21 A. Yes.

22 Q. Okay. "The purpose of this letter  
23 is to reiterate the responsibilities of  
24 controlled substance manufacturers and



1 distributors to inform DEA of suspicious orders  
2 in accordance with 21 C.F.R. 1301.74(b)."

3 Do you see that?

4 A. Yes.

5 Q. Are you familiar with what that  
6 regulatory section discusses?

7 A. No.

8 Q. Okay. It says, "In addition to,  
9 and not in lieu of, the general requirement  
10 under 21 U.S.C. 823 that manufacturers and  
11 distributors maintain effective controls against  
12 diversion, DEA regulations require all  
13 manufacturers and distributors to report  
14 suspicious orders of controlled substances."

15 Do you see that?

16 A. Yes.

17 Q. And I think earlier you agreed  
18 that DDM did have an obligation to report  
19 suspicious orders, correct?

20 A. Correct.

21 Q. Okay. Do you believe that DDM's  
22 suspicious order monitoring controls were  
23 effective?

24 A. Yes.

1           Q.     Okay. And if you go to the third  
2 paragraph, it says, "The regulation also  
3 requires the registrant inform the local DEA  
4 division office of suspicious orders when  
5 discovered by the registrant."

6                     Do you see that?

7           A.     Yes.

8           Q.     Okay. What controls did DDM have  
9 in place that would have permitted DDM to report  
10 suspicious orders to the local DEA office when  
11 they were discovered?

12                     MR. JOHNSON: Objection.

13                     Go ahead.

14                     Objection.

15 BY MR. MULLIGAN:

16           Q.     Strike that. Let me ask the  
17 question differently because I think this is a  
18 little bit vague, and we'll let it speak for  
19 itself.

20                     But what controls did DDM have in  
21 place to permit it to report potentially  
22 suspicious orders to the DEA before they were  
23 filled and sent to the store?

24                     MR. JOHNSON: Objection.

1           A.     Can you ask that again, please?

2           Q.     What controls did DDM have in  
3     place that would ensure that it was able to  
4     report potentially suspicious orders to the DEA  
5     before those orders were filled?

6                     MR. JOHNSON:  Objection.

7           A.     Other than basing it on -- there  
8     was nothing except the six-week average report  
9     and the pharmacist's intervention on it.

10          Q.     Are you aware of any time that a  
11     pharmacist reported a suspicious order to the  
12     DEA?

13          A.     No.

14          Q.     And, again, that monthly report,  
15     which is based on the prior history, would have  
16     been generated after the orders were shipped  
17     so --

18          A.     After the -- sorry.

19          Q.     Right?

20          A.     Yes.

21          Q.     And so if something in there  
22     looked suspicious, it would be, "We have to fix  
23     it for the next time."  Right?

24          A.     It was being -- it was a tool used

1 to be proactive for a possible -- I don't know  
2 the word I want. It was a tool to be used to --  
3 I don't know the words I want here.

4 Jason would use that, and if the  
5 family of a particular drug seemed out of line,  
6 he could investigate it --

7 Q. Okay. But that --

8 A. -- if he wanted.

9 Q. Whatever looked funny in that  
10 report would have already happened, right?

11 A. Correct.

12 Q. All right. So the next sentence  
13 says, "Filing a monthly report of completed  
14 transactions, for example, excessive purchase  
15 report or high unit purchases does not meet the  
16 regulatory requirements to report suspicious  
17 orders."

18 Do you see that?

19 A. I'm reading it.

20 Q. It's the third paragraph, second  
21 sentence.

22 (Reporter clarification.)

23 A. I'm reading.

24 Q. Do you see it on the screen?

1 A. Yes.

2 Q. Okay. Were you --

3 A. Can you repeat what you said,  
4 because I was reading it as you were saying.

5 Q. Sure. Were you aware that filing  
6 a monthly report of completed transactions,  
7 i.e., a report that showed excessive purchases  
8 or high unit purchases, didn't meet regulatory  
9 requirements to report suspicious orders?

10 A. No.

11 Q. Okay. Do you know whether the  
12 orders that were flagged in your six-week  
13 average report were transmitted to the DEA?

14 A. Say that again.

15 Q. Were the orders that showed up on  
16 your six-week average report as asterisks or  
17 larger than normal, was that information ever  
18 provided to the DEA; do you know?

19 A. No.

20 Q. It was not? Okay.

21 And in fact, it looks like, from  
22 this sentence, that sending that information to  
23 the DEA wouldn't have been sufficient to meet  
24 the regulatory requirements of a suspicious

1 order, correct?

2 A. Right. And, again, it was a tool  
3 that we were using to point out quantities.

4 Q. Right. But you guys weren't using  
5 it to identify suspicious orders, correct?

6 MR. JOHNSON: Objection.

7 A. Order errors.

8 Q. Right. But that -- you weren't  
9 using that report to identify suspicious orders,  
10 correct?

11 A. Correct.

12 Q. Was that a "yes"?

13 MR. JOHNSON: Objection.

14 A. Yes.

15 MR. JOHNSON: Go ahead.

16 Q. So the next sentence says,  
17 "Registrants are reminded that their  
18 responsibility does not end merely with the  
19 filing of a suspicious order report."

20 Do you see that?

21 A. Yes.

22 Q. And then it says, "Registrants  
23 must conduct -- conduct an independent analysis  
24 of suspicious orders prior to completing a sale

1 to determine whether the controlled substances  
2 are likely to be diverted from legitimate  
3 channels."

4 Do you see that?

5 A. Yes.

6 Q. Are you aware of any time that  
7 anyone at DDM ever did that?

8 A. Completing a sale means from the  
9 distribution center to the store? Or is a sale  
10 a sale --

11 Q. A sale is a sale.

12 A. -- at the store level? At the  
13 store level?

14 Q. Either.

15 MR. JOHNSON: I'll object as to  
16 the store level.

17 But answer if you can.

18 A. From the distribution center to  
19 the store, no. There was no reason to.

20 Q. There was no reason to what?

21 A. To conduct an independent analysis  
22 of a suspicious order.

23 Q. Because you had -- there had never  
24 been an instance where you became aware that

1     there was a potentially suspicious order,  
2     correct?

3             A.     Correct.

4             Q.     The last sentence says, "Reporting  
5     of an order as suspicious will not absolve the  
6     registrant of responsibility if the registrant  
7     knew or should have known that the controlled  
8     substances were being diverted."

9                     Do you see that?

10            A.     Yes.

11            Q.     So would you agree that this says  
12     that even if you did report, that's not enough  
13     if you knew or should have known the stuff was  
14     being diverted, correct?

15                     MR. JOHNSON:  Objection.  It says  
16     what it says.

17                     MR. MULLIGAN:  Well, I'm just  
18     asking her.

19            A.     Yes.

20     BY MR. MULLIGAN:

21            Q.     All right.  If you go to the next  
22     paragraph, it says, "The regulation" -- which is  
23     the C.F.R. we're talking about -- "specifically  
24     states that suspicious orders include orders of



1 an unusual size, orders deviating substantially  
2 from a normal pattern and orders of an unusual  
3 frequency."

4 Do you see that?

5 A. Yes.

6 Q. Okay. So my understanding of your  
7 six-week average report is that that would  
8 identify orders of an unusual size or that  
9 deviated from a normal pattern.

10 Do you agree with that?

11 A. I would not.

12 Q. You don't agree with it?

13 A. No.

14 Q. Tell me why.

15 A. A normal pattern is -- they sent  
16 weekly orders, so that's their normal pattern.  
17 Unusual frequency, again, we only distributed  
18 once a week. Unusual size, to us, you know, I  
19 would investigate and look at their history. It  
20 was not a suspicious order. It was an order  
21 error on the side of the store transmitting  
22 their order over and me investigating their  
23 history. That's the way I read that sentence.

24 Q. Okay. I appreciate that. My

1 question was a little bit different.

2 A. Okay.

3 Q. We talked all about your six-week  
4 average report today, correct?

5 A. Yes.

6 Q. And the entire purpose of that  
7 report is to identify orders that are of an  
8 unusual or larger size than normal, correct?

9 A. Greater than their six-week  
10 average, yes.

11 Q. So the only thing showing up there  
12 is an order that's different than usual, right,  
13 and larger, specifically?

14 A. Yes.

15 Q. Okay. And correct me if I'm  
16 wrong, but you never did anything to investigate  
17 whether any of those orders were suspicious or  
18 related to diversion, correct?

19 A. I treated them all as order errors  
20 before they left the distribution center.

21 Q. So is that a "yes"?

22 You never did any due diligence  
23 into anything that showed up on that six-week  
24 average report to determine whether those orders

1     were part of a diversionary scheme or were  
2     suspicious in any way, correct?

3                     MR. JOHNSON:  Objection.

4             Q.     You can answer.

5             A.     Say that again.  Sorry.

6             Q.     So you never did any due diligence  
7     or looked at anything -- strike that.  That's  
8     what happens when you read your question back.

9                     When you had that six-week average  
10    report, if someone gave it to you, you never did  
11    anything to investigate whether those unusual or  
12    larger orders were part of some diversionary  
13    scheme, correct?

14                    MR. JOHNSON:  Objection.

15             A.     Correct.

16             Q.     Because you saw them as potential  
17    order errors but you never considered that they  
18    could be suspicious, correct?

19                    MR. JOHNSON:  Objection.

20             A.     Correct.

21             Q.     All right.  If you look at the  
22    third sentence there, it says, "For example, if  
23    an order deviates substantially from a normal  
24    pattern, the size of the order does not matter

1 and the order should be reported as suspicious."

2 Do you see that?

3 A. Yes.

4 Q. And DDM never did that, correct?

5 A. No.

6 Q. Okay. But you're aware of -- I  
7 mean, it was pretty common for there to be  
8 orders that deviated from a normal pattern,  
9 because that's the whole purpose of that  
10 six-week average report, correct?

11 A. Yes.

12 Q. All right. If you go further down  
13 in the paragraph, about halfway down the middle,  
14 the sentence starts with, "The size of an order  
15 alone, whether or not it deviates from a normal  
16 pattern, is enough to trigger the registrant's  
17 responsibility to report the order as  
18 suspicious."

19 Do you see that?

20 A. Yes.

21 Q. Okay. But that's not something  
22 that DDM ever did, correct?

23 MR. JOHNSON: Objection.

24 Go ahead.

1           A.     We did not consider them  
2     suspicious.

3           Q.     Okay. But this sentence says that  
4     a deviation in size of an order is enough to  
5     trigger the responsibility to report, correct?

6           A.     Correct.

7           Q.     But DDM never did that, right?

8           A.     Not based on the tools we were  
9     using, no.

10          Q.     And that's because your tools were  
11     not designed to identify suspicious orders  
12     before they were shipped, correct?

13                   MR. JOHNSON: Objection.

14          A.     They were to, again, create --  
15     create as a tool to use as a reason to  
16     investigate the history of the store, whether it  
17     was a controlled substance or not a controlled  
18     substance, to count as an order error before it  
19     left the distribution center.

20          Q.     Right. The tools that you had  
21     were designed to improve operational  
22     efficiencies, correct?

23          A.     Correct.

24          Q.     Not to identify suspicious orders

1 before they were fulfilled?

2 MR. JOHNSON: Objection.

3 Q. I think you've already answered  
4 this. I'm just asking you again. I probably  
5 shouldn't be, but ...

6 A. That's okay. I guess  
7 suspicious -- when we're dealing with our  
8 customers, which are our stores, knowing the  
9 history of what we have -- sorry. No, they were  
10 not suspicious. They were order errors and  
11 treated as order errors and investigated. And I  
12 did my due diligence.

13 Q. And I'm not accusing you of not  
14 doing anything. I'm just trying to understand  
15 what you did.

16 A. Right.

17 Q. Okay. Okay. If you go to page --  
18 the second page, at the top it says,  
19 "Registrants that rely on rigid formulas to  
20 define whether an order is suspicious may be  
21 failing to detect suspicious orders."

22 Do you see that?

23 A. Yes.

24 Q. Okay. And the next sentence says,

1 "For example, a system that identifies orders as  
2 suspicious only if the total amount of a  
3 controlled substance ordered during one month  
4 exceeds the amount ordered the previous month by  
5 a certain percentage or more is insufficient."

6 Do you see that?

7 A. Yes.

8 Q. And that more or less describes  
9 your six-week average report, although with  
10 different time frames, correct?

11 A. Correct.

12 Q. And so you'd agree that this is  
13 saying that that six-week average report would  
14 be insufficient to identify suspicious orders  
15 under the regulations, correct?

16 MR. JOHNSON: Objection.

17 A. Can you repeat that, please?

18 Q. You agree that this sentence  
19 describes a report similar to the six-week  
20 average report, correct? I think you just said  
21 that.

22 A. It is based on the average, yes.

23 Q. Okay. And so you'd agree that  
24 this letter says that the six-week average

1 report that was generated at DDM would be  
2 insufficient to identify suspicious orders under  
3 the regulations, correct?

4 MR. JOHNSON: Objection. Once  
5 again, it says what it says.

6 MR. MULLIGAN: That's fine, Tim.  
7 I'm just asking her the question.

8 BY MR. MULLIGAN:

9 Q. Is this news to you?

10 A. No, but I'm reading it as, is it  
11 insufficient. Is our report insufficient.

12 Q. Right.

13 A. And I'm reading this to say,  
14 during one month exceeds the amount ordered the  
15 previous month. So I believe our six-week  
16 average covers a six-week average.

17 Q. Okay. So the only thing that  
18 you've identified that's different between the  
19 report they're sort of describing here and your  
20 report is that yours covers two more weeks,  
21 right?

22 A. Yes.

23 Q. Okay. But that report does  
24 identify orders that exceed the history by a



1 certain percentage; does it not?

2 A. I didn't write it, but yes.

3 Q. Okay. And the next sentence says,

4 "This system fails to identify orders placed by

5 a pharmacy if the pharmacy placed unusually

6 large orders from the beginning of its

7 relationship with the distributor."

8 Do you see that?

9 A. Mm-hmm, yes.

10 Q. Okay. And so what this -- this is

11 identifying a flaw in a report like that, which

12 is, it won't flag an order if the store already

13 has a pattern of ordering too much.

14 Does that make sense?

15 A. And what is an unusually large

16 order?

17 Q. Well, I don't know. But you would

18 agree with that, right, that the six-week

19 average report -- if the stores were ordering

20 more than they should and they continue that

21 pattern, then the six-week average report

22 wouldn't flag that store as engaging in any

23 suspicious activity, right?

24 A. Correct.

1 Q. Did you ever have access to any  
2 documents or information that would show which  
3 prescriptions were being -- the orders were  
4 being used to fill at a store level?

5 A. No.

6 Q. Okay.

7 MR. MULLIGAN: I'm not going to  
8 use that second letter.

9 BY MR. MULLIGAN:

10 Q. All right. Ms. Roach is going to  
11 hand you what I've marked as Exhibit 4. And  
12 this is DDM53148.

13 - - -

14 (DDM-Strang Exhibit 4 marked.)

15 - - -

16 Q. And you can look at the paper or  
17 the screen.

18 A. Okay.

19 Q. So this is a -- it looks like it's  
20 titled "Controlled Drug Report."

21 Do you see that?

22 A. Yes.

23 Q. Do you know what that is?

24 A. I do not know.

1                   Q.     Have you ever seen this report  
2     before?

3                   A.     No.

4                   Q.     Okay.   Underneath that it says,  
5     "Transactions involving movement of inventory  
6     into the warehouse."

7                             Do you see that?

8                   A.     Yes.

9                   Q.     So you're the pharmacy warehouse  
10    supervisor, right, but you haven't seen this  
11    report?

12                  A.     Not this particular report, no.

13                  Q.     Okay.   And when you say that, you  
14    mean the specific report with this information  
15    or this type of report?

16                  A.     This type of report.

17                  Q.     Okay.   Do you know who would have  
18    used or looked at this type of report?

19                  A.     No.

20                  Q.     Okay.   And do you know what this  
21    report would be used for?

22                  A.     A product that's, I would assume,  
23    coming into the warehouse.

24                  Q.     Have you ever looked at a report

1       that showed product coming into the warehouse?

2                   A.       No.

3                   Q.       Who at the warehouse that you  
4       manage is responsible for, you know, reviewing  
5       these reports to see what's in the warehouse?

6                   A.       I mean, accounts payable would  
7       have some of this information, but I do not know  
8       anybody that reviews this particular report.

9                   Q.       Okay. So you don't have any idea  
10       what would cause these specific orders to show  
11       up on this report?

12                   A.       Unless someone was running what  
13       our ordering pattern was from Sandoz, if this is  
14       transactions involving movement of inventory  
15       into our warehouse. That's the only time that I  
16       would -- but I've never seen this report before.

17                   Q.       Okay. We're going to hand you  
18       what's marked as Exhibit 5.

19                               - - -

20                               (DDM-Strang Exhibit 5 marked.)

21                               - - -

22                   Q.       This is a similar but slightly  
23       different document. This is --

24                               MR. MULLIGAN: Do you guys have a

1                   Bates on yours? Mine's cut off.

2                   MR. JOHNSON: Yes. It's

3                   DDM00053129.

4 BY MR. MULLIGAN:

5                   Q. Ms. Strang, have you ever seen  
6 this report before?

7                   A. No.

8                   Q. Okay. And so this is just like  
9 the last one, except it says, "Transactions  
10 involving movement of inventory out of the  
11 warehouse by NDC number."

12                   Do you see that?

13                   A. Yes, I do.

14                   Q. Okay. And so this is not a report  
15 that you would have reviewed as pharmacy  
16 warehouse supervisor?

17                   A. No.

18                   Q. Okay. Do you know who would have  
19 been responsible for reviewing a report like  
20 this?

21                   A. I do not.

22                   Q. Is it possible that this is  
23 something that would have been available to the  
24 corporate people if they wanted to look at it to

1 see what was happening?

2 A. Yes.

3 Q. Okay. And if you look -- it looks  
4 like it shows specific drugs. At least on the  
5 first page, it talks about alprazolam.

6 Do you see that?

7 A. Yes.

8 Q. And it shows the form that it was  
9 in, tab, and the size is 100.

10 Do you see that?

11 A. Yes.

12 Q. And that class, does that refer to  
13 Schedule IV?

14 A. Yes.

15 Q. Okay. And then there's a  
16 number -- what's that number refer to; do you  
17 know?

18 A. I do not know that number.

19 Q. Okay. And then there's an NDC  
20 number, right?

21 A. Mm-hmm.

22 Q. And then there's a quantity.  
23 Would that quantity be like bottles, do you  
24 think?

1 A. Yes.

2 Q. Okay. So it would be 200 tablet  
3 bottles?

4 A. Yes.

5 Q. Okay. And then it says "to  
6 location."

7 Do you see that?

8 A. Yes.

9 Q. And it says "DDM Chesterland"?

10 A. Yes.

11 Q. And then for some of them there --  
12 at least there's a store number, right?

13 A. Yes.

14 Q. Okay. So -- but you're not  
15 familiar with this report at all, right?

16 A. No.

17 Q. Did you ever review any reports  
18 regarding the movements of controlled substances  
19 in and out of the warehouse?

20 A. The only reports that I use are my  
21 ordering sheets that I have.

22 Q. So orders that would be placed  
23 with you by stores or that you would place with  
24 a distributor?

1           A.     That I would place with the  
2 manufacturers.

3           Q.     Okay. And then those would be  
4 things that you would fill orders that were  
5 provided by stores, right?

6           A.     The items would come into our  
7 warehouse. We'd receive them, put them away,  
8 that's where we would pull the orders from.

9           Q.     Okay. And I looked -- the date on  
10 this is March 2015 to September 2015.

11                   Do you see that at the top on the  
12 first page?

13           A.     Yes.

14           Q.     Okay. And so it wouldn't be  
15 surprising, then, that we wouldn't see anything  
16 on here regarding hydrocodone, right, because at  
17 that point it was a Schedule II?

18           A.     Yes.

19           Q.     And so it would be shipped  
20 directly from the distributor or the wholesaler  
21 directly to the stores?

22           A.     Yes.

23                   MR. JOHNSON: I'm going to object.

24                   As far as I can see, everything on here



1 is a Schedule IV.

2 MR. MULLIGAN: What's the basis of  
3 your objection?

4 MR. JOHNSON: Well, I mean, I  
5 don't -- are these opiates? I mean,  
6 it's just an inventory report on --  
7 which we don't know the -- we don't know  
8 the origin of it, and it's on something  
9 that has nothing to do with this  
10 lawsuit.

11 MR. MULLIGAN: I think the  
12 testimony is pretty clear about the  
13 document. I'm just asking her if she's  
14 ever seen the report before. I'm not  
15 trying to trick anybody.

16 MR. JOHNSON: Well, no, but you  
17 were referencing -- you were referencing  
18 to controlled substances, and I don't  
19 think there's any listed on here.

20 MR. MULLIGAN: Right. And I --  
21 that was my question. I said there  
22 aren't any controlled substances on here  
23 and it's likely that, at least as it  
24 relates to hydrocodone, it wouldn't

1           appear on here because of the date. It  
2           was already a Schedule II and they  
3           didn't handle them then.

4                   MR. JOHNSON: Well, yes, okay. I  
5           see what you're saying. Okay. I accept  
6           it.

7                   MR. MULLIGAN: Okay.

8                   MR. JOHNSON: There were no  
9           Schedule III anyhow at that time, right?

10   BY MR. MULLIGAN:

11           Q.     Hydrocodone was Schedule II in  
12   2015, correct?

13           A.     Yes.

14           Q.     Okay.

15                   MR. JOHNSON: Oh, based on this  
16   date. I gotcha. Okay.

17   BY MR. MULLIGAN:

18           Q.     Were those two documents that we  
19   just looked at, were they part of DDM's  
20   suspicious order monitoring policies and  
21   procedures?

22           A.     I don't know.

23           Q.     Okay. But you were the owner of  
24   that, right?

1           A.     I'm going to say no only based on  
2     that I've never seen knew these before.

3           Q.     Okay.

4           A.     They could probably be run if we  
5     needed to do a history, but I did not ever see  
6     these before.

7           Q.     Do you know whether anyone at DDM  
8     ever reviewed these reports or did any due  
9     diligence to determine whether these stores were  
10    ordering drugs appropriately?

11                   MR. JOHNSON:  Objection.

12           A.     I don't know.

13           Q.     Okay.  I'm going to hand you  
14    Exhibit 6 now -- or Ms. Roach will.

15                                 - - -

16                                 (DDM-Strang Exhibit 6 marked.)

17                                 - - -

18           Q.     This is DDM53912.  If you look at  
19    the top it says, "Shipments greater than  
20    99 percent of average movements."

21                                 Do you see that?

22           A.     Yes.

23           Q.     Is this that six-week greater than  
24    average report that we've been talking about?

1 A. No.

2 Q. Okay. What is this report?

3 A. I don't know.

4 Q. Okay. If you look on the left, it  
5 says "Cremens."

6 Do you see that?

7 A. Yes.

8 Q. Who is that?

9 A. She works in the IT department.

10 Q. Okay. And do you know why her  
11 name would appear on this report?

12 A. She probably ran it for  
13 somebody --

14 Q. Okay.

15 A. -- upon request.

16 Q. And so this, it looks like, is  
17 related solely to controlled drugs.

18 Do you see that at the top?

19 A. Yes.

20 Q. Okay. But you've never seen this  
21 document before?

22 A. I have not.

23 Q. Okay. So you don't know what this  
24 document would be used for?

1           A.     I do not.

2           Q.     Do you know whether this report  
3     was used as part of suspicious order monitoring  
4     policies and procedures at DDM?

5           A.     I do not.

6           Q.     Do you know what the percentage  
7     increase -- what percentage increase is required  
8     for an order to show up on the report that goes  
9     to the pharmacist that we were talking about?

10          A.     I don't.

11                     MR. JOHNSON: Six-week report?

12                     MR. MULLIGAN: Yeah.

13          A.     I don't.

14          Q.     You don't?

15                     So as far as you know, it could be  
16     25 percent increase would trigger that report to  
17     the pharmacist or it could be 200 percent,  
18     right?

19          A.     I didn't write it, so I don't  
20     know.

21                     - - -

22                     (DDM-Strang Exhibit 7 marked.)

23                     - - -

24          Q.     Okay. All right. Let's look at

1 Exhibit 7. This is DDM31932. I'm not going to  
2 ask you about much of anything in this document,  
3 so you're welcome to read it if you want, but  
4 what I really want to ask is, have you seen this  
5 before?

6 A. The only time I saw the front of  
7 this was when Mr. Johnson showed me if I've ever  
8 seen it before, and I have not.

9 Q. And you've never seen this before?

10 A. I have never seen this before.

11 Q. So you don't -- you don't have any  
12 understanding of what the contents are other  
13 than the fact that it says "Controlled  
14 substances model policy"?

15 A. Yeah. Right. Correct.

16 Q. Did anybody at DDM ever ask you to  
17 draft a controlled substances policy?

18 A. No.

19 Q. Did you ever draft a controlled  
20 substances policy?

21 MR. JOHNSON: Other than the VAWD,  
22 I guess.

23 A. Correct.

24 MR. MULLIGAN: I'd like it if she

1                   would -- can testify.

2                   A.     But that's exactly what I was  
3     going to say.

4                   Q.     Okay.

5                   A.     Other than VAWD and -- no, nothing  
6     else has ever been written about it.

7                   Q.     Okay. Do you know what the Chain  
8     Drug Consortium is?

9                   A.     I do.

10                  Q.     And what is it?

11                  A.     It was a group of pharmacies. At  
12     one time point in time there was -- when they  
13     would -- I don't know how to explain it. But  
14     they would meet and discuss topics related to  
15     pharmacy. I know that there was some -- they  
16     would pull together, a while ago, all of our  
17     vials and, you know, the usages and maybe get  
18     better pricing on vials or supplies.

19                         But I was never involved in  
20     anything with the Chain Drug Consortium, other  
21     than I did -- I was involved with the buying of  
22     generics.

23                  Q.     Okay. Did they serve in any sort  
24     of -- did it operate in some ways like a group

1 purchasing organization, maybe?

2 A. No -- well, yes and no. I was not  
3 involved with anything other than the generics  
4 part of it, and we would put all of our usages  
5 together and send out a bid.

6 Q. Okay. Did they have a committee  
7 or something that would discuss or meet about or  
8 draft suspicious order monitoring policies?

9 A. I do not know that.

10 Q. Okay.

11 - - -

12 (DDM-Strang Exhibits 8 and 9 marked.)

13 - - -

14 Q. I'm going to hand you Exhibit 8  
15 and 9. Exhibit 8 is DDM92440. And Exhibit 9 is  
16 DDM91606.

17 And I'm going to start with  
18 Exhibit 8.

19 MR. JOHNSON: Okay. Give us a  
20 second here.

21 A. Okay.

22 Q. Are you ready?

23 A. Mm-hmm.

24 Q. Okay. So Exhibit 8 is an e-mail



1     dated April 2, 2014.

2                     Do you see that?

3             A.     Yes.

4             Q.     And that's from you to Troy

5     Devens.

6                     Do you see that?

7             A.     Yes.

8             Q.     Who is Troy Devens?

9             A.     Must have been our sales rep at  
10    that time.

11            Q.     From Ascend Laboratories.

12                    Was that a wholesaler?

13            A.     No.

14            Q.     Who was that?

15            A.     A manufacturer.

16            Q.     Okay. And it says, "Forward  
17    control -- under subject, "Forward controlled  
18    drug policy."

19                    Do you see?

20            A.     Yes.

21            Q.     And then it looks like it was a  
22    forward from an e-mail that Tom Nameth sent to  
23    you, and the subject there was "Controlled drug  
24    policy."

1 Do you see that?

2 A. Yes.

3 Q. Okay. And I'll represent to you  
4 that Exhibit 9 is the attachment to that e-mail.  
5 So let's turn to Exhibit 9.

6 Do you recall forwarding this  
7 document?

8 A. I must have. I do not remember.

9 Q. Okay. So this document looks a  
10 lot like Exhibit 7, which was that chain drug  
11 controlled substance policy we looked at. But  
12 this one says, "Discount Drug Mart controlled  
13 substances model policy."

14 Do you see that?

15 A. Yes.

16 Q. Did you have any role in drafting  
17 this?

18 A. I did not.

19 Q. Have you ever reviewed this  
20 document?

21 A. I didn't.

22 Q. Have you ever provided any  
23 training to anybody on this document?

24 A. No.

1 Q. Do you know whether DDM ever  
2 trained anybody at DDM regarding the policies --

3 A. Not that I --

4 Q. -- in this document?

5 A. Sorry.

6 Q. It's okay.

7 A. Not that I know of.

8 Q. Okay. Do you know why Tom Nameth  
9 would have provided this to you to forward to  
10 Tony?

11 A. To Troy there.

12 Q. Troy. I'm sorry.

13 A. That's okay.

14 I do not remember other than maybe  
15 they asked if we had something in place, and I  
16 do not remember, especially reading through  
17 this, no.

18 Q. Okay. Was this ever part of DDM's  
19 suspicious order monitoring policies and  
20 procedures?

21 A. Not to my knowledge.

22 Q. Okay. And you were one of the  
23 point people for that, right?

24 A. Yes.

1 Q. Okay. So if anybody would know  
2 about whether this was relative to suspicious  
3 order monitoring at DDM, you would know, right?

4 A. Yes.

5 Q. Let's go to page 3. And look at  
6 the second paragraph, second sentence.

7 It says, "A corresponding  
8 responsibility rests with the pharmacist to  
9 ensure that controlled substance prescriptions  
10 are issued for a legitimate medical purpose by  
11 an individual practitioner in the usual course  
12 of professional practice."

13 Do you see that?

14 A. Yes.

15 Q. Do you know whether anyone at DDM  
16 on the corporate level did anything to ensure  
17 that the pharmacists at the stores were  
18 complying with this responsibility?

19 A. My answer is yes, but I don't know  
20 what that would be, because that was not my job  
21 title.

22 Q. So you're just assuming that  
23 somebody double checked them, but you don't know  
24 for sure?

1           A.     I don't know what policies we have  
2     in place for that.

3           Q.     Okay. And I only want to know  
4     what you know, so I don't want you to --

5           A.     That's what I know.

6           Q.     Okay. I don't want you to guess.

7           A.     I don't know -- yeah, I don't want  
8     to guess because I don't know, but I will say  
9     there has to be a policy in place.

10          Q.     Okay. Under "Education and  
11     training" down below, there's a sentence that  
12     says, "All personnel who handle controlled  
13     substances or responsible in some manner,  
14     including field supervision, will receive  
15     controlled substance education and training."

16                     Do you see that?

17          A.     Yes.

18          Q.     And my understanding from your  
19     testimony today is the training you received was  
20     just on-the-job training, correct?

21          A.     Correct.

22          Q.     Do you know whether any of your  
23     pullers received formalized controlled substance  
24     education and training?

1                   A.       On the job.

2                   Q.       On the job. And that was provided  
3 by you?

4                   A.       Yes.

5                   Q.       Okay. The next sentence says,  
6 "Understanding legal obligations related to  
7 controlled substances, awareness,  
8 identification, proper handling, recognizing red  
9 flags, and fair and empathetic treatment of all  
10 of our customers are the responsibility of our  
11 store team members and the corporate and field  
12 staff that support our store teams."

13                               Do you see that?

14                   A.       Yes.

15                   Q.       And so what was done at DDM to  
16 ensure that all these individuals had an  
17 understanding of legal obligations regarding  
18 controlled substances and these other issues,  
19 that you know of?

20                               MR. JOHNSON: I'm going to object.

21                               Doesn't this paragraph relate to just  
22 pharmacists?

23                               MR. MULLIGAN: So, Tim, if you  
24 want to object to form, I mean, I'm okay

1 with that.

2 MR. JOHNSON: Okay.

3 MR. MULLIGAN: I don't -- I --

4 we're sort of getting to a point now

5 where you're suggesting answers to her,

6 and I would rather that if you want to

7 object to the form, that's fine. She

8 can answer it.

9 A. Can I say something?

10 MR. JOHNSON: Well, no. I mean --

11 MR. MULLIGAN: Hold on. Hold on.

12 MR. JOHNSON: -- you read

13 everything -- you had her read

14 everything but the -- practically but

15 the first sentence that clearly says

16 that this relates, I believe, to

17 pharmacists.

18 MR. MULLIGAN: Tim -- again, Tim,

19 I think it's only appropriate for you to

20 object to form, but if you -- the last

21 part of that sentence says, "The

22 respon -- or the responsibility of our

23 store team members and the corporate and

24 field staff that support our store

1 teams."

2 BY MR. MULLIGAN:

3 Q. Would you agree that you and your  
4 pharmacy warehouse people fall under the  
5 corporate and field staff definition? I mean,  
6 you work at the corporate headquarters, don't  
7 you?

8 A. Yes.

9 Q. Okay. And you and your -- the  
10 people that you supervise support your store  
11 teams, correct?

12 A. Correct.

13 Q. Okay. Do you know what, if  
14 anything, was done at DDM or by DDM to ensure  
15 that all these individuals had an understanding  
16 of the legal obligations regarding controlled  
17 substances and the other issues identified in  
18 this sentence?

19 A. Yes.

20 Q. What?

21 A. At corporate, again, we used all  
22 the tools that we could, on-the-job training,  
23 experience, knowing our stores, our customers.  
24 I cannot say at store level, but at store level,



1 I know pharmacists, when we have pharmacist  
2 meetings, we did have people that came in and  
3 talked about the controlled substance, you know,  
4 policies and procedures to follow. And then  
5 speakers that come in, training, as far as that  
6 went.

7 But for us, it was the tools and  
8 the on-the-job training of ensuring that we were  
9 fulfilling the orders the way they should have  
10 been.

11 Q. So on-the-job training was the  
12 bulk of it?

13 A. Yes.

14 Q. What -- can you remember a time  
15 when there was any speaker that came to discuss  
16 the Controlled Substances Act or DDM's  
17 obligations under that act?

18 A. I believe at the pharmacists'  
19 meetings, yes, but not to corporate for the --  
20 for my pharmacy warehouse.

21 Q. And when you say you believe, it  
22 sounds like you're guessing.

23 A. I want -- yes, there was somebody  
24 that has talked about all of this at the

1 pharmacist meetings.

2 Q. Okay. Do you recall when that  
3 was?

4 A. I do not.

5 Q. Do you know where it was?

6 A. We did have some speakers come to  
7 the corporate office and we do have off-site  
8 meetings twice a year.

9 Q. Okay. And where are the off-site  
10 meetings twice a year?

11 A. They're at Weymouth Country Club.  
12 Weymouth Country Club and those -- that's the  
13 only -- there have been other locations but  
14 that's the ones that I know of.

15 Q. Are those just day-long meetings?  
16 Do you play golf?

17 A. No.

18 Q. No golf?

19 A. No.

20 Q. That's too bad.

21 Who goes to those?

22 A. All of the pharmacists. There are  
23 some interns that go to those. All of the  
24 pharmacy supervisors, and all of the corporate

1 pharmacy.

2 Q. Do you go?

3 A. I do go.

4 Q. Do your pullers go?

5 A. No, they do not. Mostly because  
6 they have to stay and pull the orders.

7 Q. Okay. If you go to the next page,  
8 page 4. It's about a third of the way down. It  
9 says, "Corporate distribution center supervisors  
10 and loss prevention employees who are involved  
11 in controlled substance handling shall complete  
12 a training program, electronic or otherwise,  
13 that includes the following."

14 Do you see that?

15 A. Yes.

16 Q. Are you aware of any training  
17 program, formalized training program, that is  
18 given to these people regarding controlled  
19 substance handling?

20 A. From myself at the distribution  
21 center, no. But supervisors and loss prevention  
22 and store level, I do not know.

23 Q. Okay. And it lists some things  
24 that the training program needs to address, and

1 the last one says, "Policies and procedures to  
2 report potential issues with controlled  
3 substances."

4 Do you see that?

5 A. Yes.

6 Q. Are you aware of any policies and  
7 procedures regarding the reporting of potential  
8 issues with controlled substances?

9 A. No.

10 Q. So obviously you forwarded this  
11 document, but you don't necessarily know what it  
12 was for and you don't think it's ever really  
13 been used; is that fair?

14 A. I don't know if it's been used,  
15 but I do know that Tom sent it and I forwarded  
16 it. Whether it was upon their request or Tom  
17 had talked to somebody and said, "Hey, do you  
18 have their e-mail? Could you just forward this  
19 document?"

20 But I did not -- I don't remember  
21 it.

22 Q. And I think you said it was  
23 forwarded to a wholesaler?

24 A. No, no. A manufacturer.

1                   Q.     A manufacturer. Did manufacturers  
2     require proof that you guys had written policies  
3     regarding controlled substances before they  
4     would provide them to your stores?

5                   A.     Say that again. I'm sorry.

6                   Q.     Did -- would it be common for a  
7     distributor or a manufacturer to require that  
8     you provide proof of written policies and  
9     procedures regarding controlled substances  
10    before they would supply them?

11                  A.     It was not mandated, but they  
12    could ask.

13                  Q.     Okay. Do you recall any other  
14    instance where you would have provided some  
15    written documentation to a distributor or  
16    wholesaler or manufacturer to show that DDM  
17    actually had policies and procedures regarding  
18    controlled substances?

19                  A.     I do not.

20                  Q.     Okay. Let's go to page 8. At the  
21    bottom it says, "Documenting steps to verify  
22    controlled substance prescriptions."

23                             Do you see that?

24                  A.     Yes.

1           Q.     And it says, "An order purporting  
2     to be a prescription that is not issued for  
3     legitimate medical purpose is not a prescription  
4     and the pharmacist knowingly filling such a  
5     purported prescription shall be subject to  
6     penalties for violations of the law."

7                     Do you see that?

8           A.     Yes.

9           Q.     Is that your general understanding  
10    as to how the Controlled Substances Act works?

11                    MR. JOHNSON:  Objection.

12                    Go ahead.

13           A.     I don't know if that's exactly  
14    part of the act, but I would assume, yes.

15           Q.     Okay.  But you -- but that would  
16    be something that you'd defer to a pharmacist  
17    on?

18           A.     Yes.

19           Q.     Okay.  All right.  Let's go to  
20    page 9.  And I'll just -- this document talks  
21    about steps that must be taken to ensure the  
22    validity of controlled substances, and the first  
23    couple looks like they relate to pharmacists so  
24    I want to skip that, but if you go to the

1 "Additional Step" section at the bottom.

2 It says, "Any steps taken by the  
3 pharmacist to verify controlled substance  
4 prescriptions must be documented" -- that's  
5 underlined and bolded -- "on the prescription  
6 itself or in the pharmacy management system."

7 Do you have any knowledge of that?

8 A. No, because it's the  
9 prescriptions.

10 Q. Okay. So you don't have any  
11 interaction or you don't ever look at  
12 prescriptions or any type of justification or  
13 documentation that's created regarding a  
14 prescription?

15 A. I do not.

16 Q. Okay. And you're never notified  
17 if a pharmacist has identified a prescription  
18 that they think might be suspicious?

19 A. No, I'm not.

20 Q. Do you know what happens when a  
21 pharmacist refuses to fill a prescription?

22 A. I do not.

23 Q. And you're not involved in that  
24 process?

1           A.     I am not.

2           Q.     If you go to page 11, this  
3     discusses, "Additional prevention techniques to  
4     avoid filling a fraudulent or forged  
5     prescription."

6                     And, again, I'll acknowledge that  
7     this, I think, is directed more toward  
8     pharmacists, but what I want to ask you is, at  
9     the bottom it discusses red flags. And if you  
10    go to the next page, there's more of them.

11                    I'm just wondering if you've ever  
12    received any training on these red flags or how  
13    to look for them or follow up on them.

14                    Or would that be more of a  
15    pharmacists --

16           A.     That is more of a pharmacist,  
17    because if I look at all of these, I would not  
18    have any interaction with stolen prescription  
19    pads, impersonating prescribing authorities or  
20    altered prescriptions -- it's nothing with the  
21    distribution center.

22           Q.     Okay. And you have no way to  
23    identify whether a prescriber had written an  
24    abnormally large or unusual quantity for a



1 controlled substance, correct?

2 A. Correct.

3 Q. Because you just get an order that  
4 says, "I want six bottles of 100 pills"?

5 A. Yes.

6 Q. And you don't know where those are  
7 going?

8 A. No.

9 Q. Okay. And none of the reports  
10 that you have at the distribution center allow  
11 you to identify that, correct?

12 A. Say that again, please.

13 Q. None of the reports that you  
14 review in your role at the distribution center  
15 identify -- would identify an unusually large  
16 prescription to an individual patient, correct?

17 A. A prescription to an individual  
18 patient, no.

19 Q. Okay.

20 A. I have no idea, but the store  
21 ordering six bottles, yes.

22 Q. So the only flag that you'd ever  
23 see would be, "This store ordered more than they  
24 usually do"?

1           A.     Correct.

2           Q.     Okay.  When a store orders more  
3     than they usually do, do you save those records  
4     anywhere, or is there a file created for that?

5           A.     There is not.  Once the order has  
6     been invoiced and changes have been made, that  
7     is the only record we have of what left the  
8     building for that particular store.

9           Q.     Okay.  So a -- let's say a --  
10    let's go back to our previous hypothetical where  
11    store 1 orders one bottle per week of  
12    hydrocodone, 100 tabs, and in week seven they  
13    order two, right?  The pharmacist gets the  
14    report of that and that's a six-week average  
15    report, right?

16          A.     Correct.

17          Q.     Okay.  And the only way you'd know  
18    about that is if either the pharmacist called  
19    you to say, "Yeah, this is the right number," or  
20    if your puller saw the asterisks and told you  
21    about it, correct?

22          A.     Correct.

23          Q.     And then you would then call the  
24    pharmacist to say, "Hey, did you mean to order

1 two, or did you only need one?"

2 A. Correct.

3 Q. Okay.

4 A. And, again, I'm basing that on  
5 when it leaves the building, his professional  
6 judgment and, again, the prescription, that he's  
7 doing his job -- his or her job.

8 Q. Or you assume that they're doing  
9 their job, right?

10 A. Yes.

11 Q. You can't do it for them?

12 A. No.

13 Q. Okay. And so once you would have  
14 that conversation with the pharmacist, and let's  
15 say they said, "Oh, we only meant to order" --  
16 strike that.

17 Let's say they said, "Oh, actually  
18 we do want two bottles," what would you then do?

19 A. I would -- I still had previously  
20 looked at their history. If they usually  
21 ordered one and it's two, I would ask them, you  
22 know, "Is there reasoning behind this?"

23 They would say, you know, "I have  
24 a few more customers on this particular

1 medication. A doctor has been writing for it."  
2 Whatever the reasoning is. And I would trust  
3 that, you know, they're not ordering 12, they're  
4 ordering two, and I would go ahead and send that  
5 and I would approve it.

6 Q. Okay. And what would then  
7 happen -- would there be any documentation of  
8 that interaction?

9 A. No.

10 MR. JOHNSON: Objection.

11 THE WITNESS: I'm sorry.

12 A. No.

13 Q. Okay.

14 A. Because the order would be filled  
15 with the two. So if there was anything that we  
16 needed to go back in history on, that would be  
17 part of their history, and it would be part of  
18 their invoice.

19 Q. Okay. So really the buck stops  
20 with the pharmacist's explanation or confirming  
21 that the quantity is correct?

22 A. If the quantity is within reason,  
23 one or two, yes. If it was an extreme amount,  
24 which, again, is an order error, the eleven,

1     make it a one, I'd reduce it. It would be  
2     invoiced. It's on record that they only got  
3     one.

4             Q.     Do you ever recall an instance  
5     where there was an order flagged for a  
6     substantial increase that was then approved?

7             A.     No.

8             Q.     Okay. If you go to page 19 at the  
9     bottom. And I'll just represent that on -- you  
10    can look at it -- page 18. It says, "Three  
11    corporate level components, corporate office  
12    personnel responsibilities." And then the next  
13    page, at the bottom it says, "Suspicious order  
14    monitoring."

15                    Do you see that?

16             A.     Yes.

17             Q.     Have you ever seen this part of  
18    this document before?

19             A.     No.

20             Q.     Okay. And it says, "These  
21    procedures detail the steps our company will  
22    take to determine if store ordering is  
23    suspicious and the actions our company will take  
24    to identify and correct a store's ordering."

1 Do you see that?

2 A. Yes.

3 Q. But you're not sure what we're  
4 about to read, are you, because you haven't seen  
5 this before, right?

6 A. No.

7 Q. Okay. "The IS department" -- do  
8 you know what that is?

9 A. No.

10 Q. Okay. Sounds like it's probably  
11 just a generic term, right?

12 A. Yes.

13 Q. That wouldn't be relevant to DDM?

14 A. I have not heard of that.

15 Q. You've never heard of an IS  
16 department?

17 A. No.

18 Q. Okay. "Has in place automated  
19 systems that use the DEA approved formulas for  
20 calculating the order quantity, which if  
21 exceeded in one month, may be considered  
22 excessive or suspicious and require company  
23 action to determine the validity of the order  
24 and the corrective action required."

1 Do you see that?

2 A. Mm-hmm, yes.

3 Q. I think you mentioned earlier that  
4 nobody at the DEA had -- to your knowledge, had  
5 ever approved the formulas that DDM was using to  
6 monitor suspicious orders, correct?

7 MR. JOHNSON: Objection.

8 A. Say that again, please. I  
9 didn't --

10 Q. I think you said that no one at  
11 the DEA had ever either disapproved or approved  
12 of what you guys were doing to monitor for  
13 suspicious orders, right?

14 A. Correct. When they would ask what  
15 we were using to, you know, fulfill the orders  
16 that we are, that's what we would show them, and  
17 they never disagreed or agreed. They knew we  
18 had a tool in place.

19 Q. Okay. So to the extent that this  
20 document purports to tell Troy that you used  
21 DEA-approved formulas, you wouldn't have any --  
22 that would not seem to be correct to you,  
23 correct?

24 A. No.

1 Q. Okay. That is not correct, right?

2 A. I didn't write --

3 Q. Okay.

4 A. -- the program, but I'm going to  
5 say --

6 MR. JOHNSON: I'm going to object.  
7 I mean, there's nobody that said this is  
8 our policy, so ...

9 MR. MULLIGAN: Well, I mean --

10 MR. JOHNSON: I know it says it on  
11 the front of it.

12 MR. MULLIGAN: Again, I would  
13 really appreciate if you could limit  
14 your objections to form, but this is a  
15 policy that she forwarded to a  
16 wholesaler. So I'm entitled to ask her  
17 about it.

18 MR. JOHNSON: I'm just saying  
19 there's, then, no witness that says this  
20 is their policy.

21 MR. MULLIGAN: And that's a  
22 speaking objection, and I'd appreciate  
23 it if you'd just limit it to form.  
24



1 BY MR. MULLIGAN:

2 Q. Do you remember reading that DEA  
3 document that said that a report that just  
4 identified an increase by a percentage from a  
5 prior month was not sufficient for monitoring  
6 suspicious orders?

7 A. The one that I just reviewed?

8 Q. The one that we looked at earlier  
9 today. Do you remember that letter from the  
10 DEA?

11 A. Yes.

12 Q. Okay. And so it would actually  
13 appear that the report that's being discussed  
14 here wouldn't be sufficient to meet those  
15 requirements as laid out in that letter,  
16 correct?

17 MR. JOHNSON: Objection.

18 A. I will say both of these documents  
19 I've never been involved with.

20 Q. Okay.

21 A. So the director of operations at  
22 that time was handling all of this.

23 Q. But you don't know whether this  
24 document was ever a policy -- as far as you

1 know, it wasn't a DDM policy or procedure ever?

2 A. Shown to me, no.

3 Q. Okay. And I think as you  
4 testified earlier, that if you were engaged  
5 enough in DDM's suspicious order monitoring  
6 policies, that if there was one, you'd know  
7 about it, right?

8 A. Correct.

9 Q. Okay. So is it possible that this  
10 was just provided to the wholesaler to check a  
11 box with them to say, "Hey, we've got something  
12 in writing. Here it is."

13 MR. JOHNSON: Objection.

14 Go ahead and answer.

15 A. The manufacturer.

16 Q. Correct.

17 A. Possibly, or they wanted to see --  
18 because it -- it is policies written, I don't  
19 know if the director of operations was going to  
20 follow through and place it for all of us to  
21 make it a true policy.

22 Q. Okay. But I think as you  
23 testified earlier that as of even today, DDM  
24 doesn't have any written suspicious order

1 monitoring policies or procedures, right?

2 A. Not that I was aware of, no.

3 Q. So as far as you know, this could  
4 have just been forwarded to the wholesaler to  
5 satisfy what they needed so you could get drugs  
6 for your stores?

7 A. I can't say that --

8 MR. JOHNSON: Objection to that.

9 You can answer the question.

10 A. I can't say that because I don't  
11 remember why it was forwarded.

12 Q. Okay.

13 MR. MULLIGAN: How do you feel  
14 about lunch? Do you want to do lunch  
15 now?

16 MR. JOHNSON: Yeah, it's as good  
17 as any.

18 MR. MULLIGAN: Okay.

19 THE VIDEOGRAPHER: The time is  
20 12:09. Going off the record.

21 - - -

22 Thereupon, at 12:09 p.m. a lunch  
23 recess was taken until 12:52 p.m.

24 - - -

1 Thursday Afternoon Session  
January 3, 2019  
2 12:52 p.m.

3 - - -

4 THE VIDEOGRAPHER: The time is  
5 12:52. Back on the record.

6 BY MR. MULLIGAN:

7 Q. All right. We're back after  
8 lunch.

9 Are you ready to go, Ms. Strang?

10 A. Yes.

11 Q. Okay. Great. Let's start with an  
12 exhibit. I'm going to have Ms. Roach hand you  
13 what she's marking as Exhibit 10.

14 - - -

15 (DDM-Strang Exhibit 10 marked.)

16 - - -

17 BY MR. MULLIGAN:

18 Q. And this is DDM12909. And at the  
19 top it says, "Rx operational procedure bulletin  
20 Discount Drug Mart." And the subject is  
21 "Controlled substance quality assurance."

22 Do you see that?

23 A. Yes.

24 Q. Have you ever seen this before?

1 A. No.

2 Q. So do you know whether this  
3 relates to suspicious order monitoring?

4 A. I do not, because it was sent to  
5 all the pharmacists, technicians and interns,  
6 and I do not believe I was given a copy of this.

7 Q. Okay. And so to the extent that  
8 you're the process owner for suspicious order  
9 monitoring, would you expect to have been  
10 included in the drafting and distribution of  
11 this policy?

12 A. No.

13 Q. And why is that?

14 A. It was handled by either Tom or  
15 Jason at the time.

16 Q. So it would be fair to say that  
17 your role in suspicious order monitoring is  
18 limited solely to the distribution center?

19 A. Yes.

20 Q. So anything that has to do with  
21 how pharmacists evaluate prescriptions and  
22 monitor for diversion, you would not be involved  
23 in that?

24 A. No.

1 Q. And that would be something that  
2 would be spearheaded by the pharmacy operations  
3 group, which would be Jason and/or Tom?

4 A. Yes.

5 Q. And Pete?

6 A. Yes.

7 Q. If you look down right above where  
8 it says "Policy."

9 Do you see that paragraph?

10 It says, "Recently the DEA has  
11 made it clear that they are serious about  
12 decreasing controlled substance abuse by making  
13 tramadol a controlled drug, making hydrocodone  
14 products Schedule II, and increasing audits on  
15 pharmacies to ensure responsible dispensing."

16 Do you see that?

17 A. Yes.

18 Q. Do you recall any discussions at  
19 DDM around that time regarding the need to  
20 strengthen DDM's suspicious order monitoring  
21 policies and procedures?

22 A. No.

23 Q. Okay. And, again, underneath  
24 that, under "Policy," it says, "The policies to

1 prevent drug abuse and diversion by providing  
2 pharmacies with tools and procedures that  
3 support legitimate patient care while minimizing  
4 the potential for prescription drug abuse."

5 Do you see that?

6 A. Yes.

7 Q. And the warehouse had no role in  
8 this policy, right?

9 A. Our role was to do our job --

10 Q. Okay.

11 A. -- so they could do their job and  
12 follow this.

13 Q. And to the extent that a  
14 pharmacist documented any red flags or anything  
15 like that, that wouldn't be something that you  
16 would be notified about or would be required to  
17 review, correct?

18 A. Correct.

19 Q. Do you know who would be  
20 responsible for that?

21 A. I would say Jason Briscoe. Also  
22 the supervisor to the store.

23 - - -

24 (DDM-Strang Exhibit 11 marked.)

1 - - -

2 Q. All right. I'm going to hand you  
3 what has been marked as Exhibit 11. This is DDM  
4 174768. And we're going to look at the  
5 e-mail -- not the very bottom of the page but  
6 the one just above it. It's from Jason to you.

7 Do you see that?

8 A. Yes.

9 Q. That's April 4, 2016, and Pete  
10 Ratycz was copied. And Jason says, "Jill, can  
11 you forward me our SOMP" -- I suppose that's  
12 suspicious order monitoring policy or procedure.  
13 Does that abbreviation ring a bell to you?

14 A. It doesn't. But that's probably  
15 what it does stand for.

16 Q. Okay. "Or point me to the area it  
17 would be housed in the share drive. I'll take a  
18 look and determine what we are able to share  
19 with your buddy Troy. Thanks, Jason."

20 A. Okay.

21 Q. Do you recall this e-mail?

22 A. I do not.

23 Q. Okay. And this is a different  
24 Troy than the last one we were talking about,



1 right?

2 A. I believe so, yes.

3 Q. Okay.

4 MR. JOHNSON: You can take a  
5 look -- a minute to look at it if you'd  
6 like.

7 THE WITNESS: Okay.

8 Q. I'm just going to ask you a couple  
9 just pointed questions. You're welcome to look  
10 at it.

11 MR. JOHNSON: I just noticed Troy  
12 Bruce.

13 MR. MULLIGAN: Yeah. I think it  
14 was Troy Devens maybe. It was --

15 A. That was from Ascend. This Troy  
16 is from another pharmacy that was in the PVA  
17 group with me.

18 Q. Okay. So this is another pharmacy  
19 asking you guys what your suspicious order  
20 monitoring policies and procedures were?

21 A. Yes.

22 Q. Okay. So they were kind of like a  
23 peer store?

24 A. I think, if I'm -- let me read

1     this. They were setting up their own  
2     warehousing and distribution and they wanted  
3     some guidance on what we had or what we might be  
4     following to write their own policy.

5             Q.     Okay. And so then he e-mailed  
6     Jason and asked what DDM's policies were, right?  
7     And then Jason e-mailed you and said, "Can you  
8     forward me the DDM SMOP or show me where it  
9     would be on the share drive," right?

10            A.     Yes.

11            Q.     Okay. And then you wrote back and  
12     said, "I don't even know if we have anything in  
13     writing?"

14                    Do you see that?

15            A.     Yes.

16            Q.     And it sounds like you know now,  
17     based on your testimony earlier today, that  
18     there isn't anything in writing, correct?

19            A.     No. And I'd also like to say  
20     that's why I never reviewed the controlled  
21     substances model policy. That's why I said I  
22     don't think there's anything in writing.

23                    If Tom had that and I did forward  
24     it to somebody, I didn't adapt that as a

1 warehouse policy. I read it more as a  
2 pharmacist and a director of operations policy  
3 with our pharmacists.

4 Q. Are you referring to another  
5 document now?

6 A. No.

7 Q. Are you referring to a document we  
8 looked at earlier?

9 A. Exhibit --

10 MR. JOHNSON: Exhibit 9?

11 A. This one (indicating). 9.

12 Q. Yeah. Did you have a conversation  
13 with anybody at lunchtime that would have  
14 refreshed your recollection about that policy?

15 A. No.

16 Q. Are you changing any of your  
17 answers about that policy?

18 A. No.

19 MR. JOHNSON: Exhibit 9 you're  
20 referring to?

21 MR. MULLIGAN: Well, I mean, she  
22 just brought up another document that we  
23 weren't even looking at, so I'm just  
24 trying to understand --

1                   A.     I'm sorry. That was the document  
2     that I was referring to.

3                   Q.     Okay.

4                   A.     The Exhibit Number 9.

5                   Q.     All right. So going back to 11,  
6     my question was, you wrote, "I don't even know  
7     if we have anything in writing?"

8                             Correct?

9                   A.     Yes.

10                  Q.     And you've also testified today  
11     that you did not then, nor do you now, have  
12     anything in writing, correct?

13                  A.     Correct.

14                  Q.     Okay. And then it says, "For some  
15     reason, I thought it was a report  
16     Keith/computers designed and it just printed out  
17     suspicious orders over a certain quantity like  
18     Cardinal's report."

19                             Do you see that?

20                  A.     Yes.

21                  Q.     Does that accurately describe the  
22     scope of DDM's suspicious order monitoring  
23     policies?

24                  A.     I don't know.

1           Q.     Okay.  So it looks like as of  
2     April 2016 you didn't know what DDM's suspicious  
3     order monitoring policies were, based on this  
4     e-mail, correct?

5           A.     Based on this e-mail, no.

6           Q.     Okay.  And what I just asked you  
7     now if this description -- it looks like you  
8     were guessing -- if that was accurate as to what  
9     DDM's policies are now, you said you didn't  
10    know, right?

11          A.     Correct.

12          Q.     So then Jason responds to you and  
13    says, "Has DEA ever asked us to produce a  
14    policy?  I'll check with P.J."

15                   Do you know, did the DEA ever ask  
16    DDM to produce a policy?

17          A.     No.

18          Q.     Okay.

19          A.     Not that I know of.

20          Q.     And you wrote, "Check with P.J.,  
21    but I don't think they ever wanted anything in  
22    writing."

23                   Do you see that?

24          A.     Right.  Meaning they suggested to

1 show us something in writing, not that they --  
2 that they didn't want us to have something in  
3 writing.

4 Q. Okay.

5 A. Yeah, just the policy itself.

6 Q. So based on that document and the  
7 testimony you just gave me, it sounds like you  
8 don't actually know what the nature and extent  
9 of DDM's SOM policies are, correct?

10 A. Correct.

11 Q. All right. Let's go to  
12 Exhibit 12, which is DDM74952.

13 - - -

14 (DDM-Strang Exhibit 12 marked.)

15 - - -

16 Q. There's two pages here, but the  
17 second page is just a bunch of gibberish so  
18 we're going to look at the bottom of the first  
19 page.

20 This is an e-mail from Pete Ratycz  
21 on January 20, 2017 that was ultimately  
22 forwarded to you, but I want to look at this  
23 e-mail.

24 It says, "Chris, I think we need

1 to reemphasize our controlled substance program  
2 at the upcoming pharmacist meeting. Also, we  
3 need to look at developing reporting to help us  
4 effectively identify outliers and/or suspicious  
5 store ordering."

6 Do you see that?

7 A. Yes.

8 Q. And, again, this is dated  
9 January 20, 2017, correct?

10 A. Yes.

11 Q. So that was just about two years  
12 ago. So this would suggest that as of January  
13 of 2017, DDM did not have reporting to help it  
14 effectively identify outliers and/or suspicious  
15 store ordering, correct?

16 MR. JOHNSON: Objection.

17 A. I would say that to develop it  
18 more than what we were currently using.

19 Q. Well, you're reading the word  
20 "more" in there, aren't you? That word doesn't  
21 appear there, does it?

22 A. No.

23 Q. Okay. So it just says, "We need  
24 to look at developing," which doesn't even say

1 "We need to develop," it says "we need to  
2 consider developing" --

3 A. Okay.

4 Q. -- "reporting to help us  
5 effectively identify outliers and/or suspicious  
6 store ordering," correct?

7 MR. JOHNSON: Objection.

8 Q. Does DDM have reporting now that  
9 helps it effectively identify outliers and/or  
10 suspicious store ordering, that you know of?

11 A. Other than what I've used myself,  
12 I do not know.

13 Q. Okay. Do you know why this was  
14 forwarded to you?

15 A. I do not.

16 Q. Did you do anything with this  
17 e-mail?

18 A. I did not.

19 Q. Did you assist in looking at  
20 developing reporting that we were discussing  
21 earlier?

22 A. No. I think we -- somebody would  
23 have been letting me know that he was going to  
24 be doing audits for those stores. That's all.



1 Q. And the subject of this e-mail is,  
2 "DEA fines Costco 11.75 million over lax U.S.  
3 pharmacies controls."

4 Do you see that?

5 A. Yes, I do.

6 Q. Did you know about that at all?

7 A. No.

8 Q. Are you aware that other  
9 distributors and pharmacies have been fined by  
10 the DEA for not having strong enough suspicious  
11 order monitoring policies and procedures?

12 A. Yes, but I don't know specifics.  
13 But yes, I do know of that.

14 Q. We're going to look at Exhibit 13  
15 now, which is DDM467.

16 - - -

17 (DDM-Strang Exhibit 13 marked.)

18 - - -

19 MS. HARRIS: Excuse me. This is  
20 Shubha Harris on behalf of Walmart. I'm  
21 having a hard time hearing the witness.  
22 If you could place the speaker, perhaps,  
23 closer to her.

24 MR. MULLIGAN: She moved the

1 microphone up. Hopefully that will  
2 work.

3 MS. HARRIS: Thank you.

4 THE VIDEOGRAPHER: She's hearing  
5 it from the phone.

6 MR. MULLIGAN: Oh. I gotcha.

7 MR. JOHNSON: You can't get it  
8 much closer --

9 THE WITNESS: I'll speak up.

10 MR. JOHNSON: -- without  
11 rearranging a lot of stuff.

12 THE WITNESS: I'll speak up.

13 MR. JOHNSON: Yeah, you do need to  
14 do that because there's people down  
15 there, too, so ...

16 THE WITNESS: Okay.

17 MR. MULLIGAN: All right. We'll  
18 do our best.

19 MS. HARRIS: If you can move it a  
20 little closer, it would be fine. Thank  
21 you.

22 MR. MULLIGAN: Yeah. We hear you.  
23 We're sort of limited in our options,  
24 but we'll work on it.

1 I assume you can hear me, right?

2 MS. HARRIS: Yes. I can hear you  
3 really well.

4 BY MR. MULLIGAN:

5 Q. Okay. So we're on Exhibit 13.  
6 Have you seen this document before?

7 A. Yes.

8 Q. Is this one that you reviewed in  
9 preparation for your deposition today?

10 A. Yes.

11 Q. Okay. And this is a -- looks like  
12 a policy document?

13 A. Yes.

14 Q. Regarding inventory controls?

15 A. Yes.

16 Q. And did you draft this?

17 A. I did.

18 Q. And my understanding is you  
19 drafted this as part of the VAWD application?

20 A. Yes.

21 Q. Or accreditation?

22 A. Yes.

23 Q. Okay. And it says, "Date adopted  
24 12/1 of '16," correct?

1 A. Yes.

2 Q. And the date updated was 3/1 of  
3 '17, correct?

4 A. Correct.

5 Q. So it looks like you drafted the  
6 policy, adopted it, and then it was then updated  
7 at a later date?

8 A. Correct.

9 Q. And this would reflect the updated  
10 version?

11 A. Yes.

12 Q. Do you know what was updated  
13 between the date it was adopted and the date it  
14 was updated?

15 A. I started all the documents and  
16 then when I knew that I had to have them  
17 finalized, 3/1/17 was the adopted date.

18 Q. Okay. So ...

19 A. I worked on this for months.

20 Q. Okay.

21 A. All of the policies.

22 Q. So you spent months drafting this  
23 stuff?

24 A. All of the policies, yes, not just

1 this one page.

2 Q. Okay. And so the purpose of this  
3 policy was "Processes to identify any inventory  
4 concerns, cycle counts, losses or theft,"  
5 correct?

6 A. Correct.

7 Q. So this document describes what  
8 DDM's process was to identify things that could  
9 be indicia of suspicious orders, right?

10 A. Correct.

11 Q. Okay. So it says, "Discount Drug  
12 Mart only distributes to their own stores. We  
13 do not sell any items outside of our own  
14 company, so there is no policy in place for  
15 ordering patterns or payment amounts that would  
16 identify potential diversion or criminal  
17 activity."

18 Do you see that?

19 A. Yes.

20 Q. Okay. And you have an explanation  
21 for me about what that means. And my  
22 understanding is your testimony is that this is  
23 not correct; is that right?

24 A. No. My explanation to this is, I

1     was following a template from VAWD, and in the  
2     template it mentioned payment terms, payment  
3     amounts, identifying potential diversion or  
4     criminal activity. So when I read that, I wrote  
5     that we do not sell outside of our own stores.

6                     And the way I interpreted it was,  
7     if I was selling to an outside source and I sold  
8     them \$10,000 payment, they would pay for that,  
9     and the next month they bought \$50,000 of the  
10    exact same item, that would be the red flag of,  
11    "Wait a minute. Something is wrong here."

12                    I do not receive any payments from  
13    our stores, and everything that we had -- and  
14    then -- so then that's why I wrote the next  
15    sentence, "We do have a six-week ordering on  
16    hand balance in place for our stores."

17                    I interpreted that the first two  
18    sentences for outside of Discount Drug Mart, and  
19    we do not sell outside of Discount Drug Mart.  
20    So I do not have a policy and I did not write  
21    one. I probably could have put, "If we were to  
22    sell outside of Discount Drug Mart," but I did  
23    not write that because we don't sell outside of  
24    Discount Drug Mart. So I did not spend time to

1 clarify that.

2 Q. And that language that you added  
3 is exactly the same language that Mr. Ratycz  
4 testified should have been there, and that's  
5 based on a discussion the two of you had  
6 together?

7 A. Yes.

8 Q. Okay. But you would agree that  
9 there is -- there is no policy in place at DDM  
10 that identifies potential diversion or criminal  
11 activity, correct?

12 MR. JOHNSON: Objection.

13 A. We use our reports the best that  
14 we can and our experience and the store's  
15 history and the professional judgment of the  
16 pharmacists to make sure that everything leaving  
17 the distribution center is legal and it's used  
18 in the intent that it's for.

19 Q. I understand what may or may not  
20 happen, and that's what you've testified to.  
21 I'm asking you if there's a policy in place that  
22 is meant or designed to identify possible  
23 diversion or criminal activity.

24 MR. JOHNSON: Objection.

1 Go ahead.

2 A. The tools that we use are what we  
3 have in place and our experience and on-hand  
4 training, and anything that we see as an order  
5 error is brought to the pharmacist's attention.  
6 And for me, I don't consider those potential  
7 diversion or criminal activity if I'm not  
8 distributing it to them.

9 Q. What do you mean by that?

10 A. That if I'm questioning what is  
11 going to leave the distribution center, that  
12 it's justified -- justified, and I'm using the  
13 tools that we are given, plus my experience,  
14 plus the history, anything in place that would  
15 stop that from going to our stores as potential  
16 diversion or criminal activity.

17 Q. Would you agree that at the  
18 distribution center, the way that your role is  
19 set up now, you don't have the tools to identify  
20 whether there's diversion taking place at your  
21 level?

22 MR. JOHNSON: Objection.

23 A. At my level, I'm doing the best I  
24 can to justify what the orders are and what they



1     need. I do not know after it leaves the  
2     facility, that's at the store level, and I do  
3     not know.

4             Q.     But the information you interact  
5     with on a daily basis, you don't personally have  
6     the tools to identify whether diversion is  
7     occurring, correct?

8             MR. JOHNSON:   Objection.

9             A.     If you mean reporting, the  
10    reports, no.

11            Q.     I just mean in general. I mean,  
12    is there anything that you do on a daily basis  
13    that would help you identify suspicious orders  
14    or that diversion is occurring?

15            MR. JOHNSON:   Objection.

16            A.     No.

17                               - - -

18                    (DDM-Strang Exhibit 14 marked.)

19                               - - -

20            Q.     Okay. We're going to hand you  
21    Exhibit 14, which is DDM3560. We're going to  
22    start on the second page about halfway down.  
23    This is an e-mail from John Redmond to you on  
24    May 20, 2017.

1 Do you see that?

2 A. Yes.

3 Q. Who is that, John Redmond? It  
4 looks like his e-mail is @mac.com.

5 A. I am thinking that this is a  
6 representative from McKesson that came to talk  
7 to us because -- I don't see that. I don't  
8 know. I don't know. I don't remember.

9 Q. So earlier we talked about how DDM  
10 started using Cardinal to get controlled  
11 substances because of the Schedule II issue,  
12 right?

13 A. Mm-hmm. I'm sorry. I wanted to  
14 read through this so I could answer.

15 Q. Yeah.

16 MR. JOHNSON: Do you want to take  
17 a minute to look at it?

18 Q. Go ahead.

19 A. Yeah, please just so I can ...  
20 Oh, okay. Okay.

21 Q. Okay. Are you ready?

22 A. After reading it, yes.

23 Q. Okay. All right. So earlier we  
24 talked about how DDM started using Cardinal to

1 get controlled substances because of the  
2 Schedule II issue, right?

3 A. Yes.

4 Q. Do you remember that?

5 A. Yes.

6 Q. Okay. And you told me that you  
7 used Cardinal and then at one point it was  
8 switched to McKesson, right?

9 A. Yes. We did switch a year ago,  
10 October '17, to McKesson.

11 Q. It was a year ago in October 2017?

12 A. October '17 is when we started.

13 Q. So this e-mail is in May of 2017.

14 Would that suggest that this is sort of  
15 preliminary stages of that switch?

16 A. No. This is the VAWD surveyor,  
17 now that I read through the e-mail.

18 Q. Okay.

19 A. And I apologize because I didn't  
20 remember his name.

21 Q. Yeah, no worries.

22 Okay. So it says, "Hi, Jill. Can  
23 we set up a time next week so you can walk me  
24 through a couple of these reports?"

1 Do you know what reports he's  
2 referring to?

3 A. The only thing I can think of is  
4 the ones that we have talked about, the six-week  
5 average and an example of the 12-month rolling  
6 controlled substance monitoring report.

7 Q. And that's something you would  
8 have had to have gotten from Jason or Pete?

9 A. Yes.

10 Q. Okay. And so then it says --  
11 okay. So this -- he's asking for a time to talk  
12 to you about those reports, which I presume you  
13 supplied to him, correct?

14 A. Yes.

15 Q. Okay. And I'm guessing -- and  
16 tell me if I'm wrong -- you would have supplied  
17 those reports to them as sort of an example of  
18 what DDM's SOMP policies were, right?

19 A. Yes.

20 Q. Okay. And that would be in  
21 support of your VAWD accreditation?

22 A. Right.

23 Q. And so then he writes back, "I  
24 don't see what is suspicious and/or how it is

1 followed up on if the ordering is out of the  
2 norm."

3 Do you see that?

4 A. Yes.

5 Q. Okay. Do you know what he's  
6 talking about there?

7 A. I'm assuming he looked at the  
8 reports and it didn't mean anything to him  
9 because the reports might have a couple items on  
10 there. And then Jason's -- I mean, unless you  
11 don't know what the report is for, you're not  
12 going to be able to use it.

13 Q. Is this an e-mail that you looked  
14 at in preparation for your deposition today?

15 A. No, I didn't, because I would  
16 have --

17 MR. JOHNSON: Slow down.

18 A. I'm sorry.

19 No.

20 Q. Okay. But he's expressing to you  
21 that he can't figure out what -- how these  
22 reports identify any suspicious order, correct?

23 A. According to this e-mail, yes.

24 Q. Okay. And then you wrote back and

1     said -- you forwarded it to Jason, actually, and  
2     said, "Jason this is the VAWD surveyor and the  
3     suspicious reports we sent to him."

4                     Correct?

5             A.     Correct.

6             Q.     Okay. And then he wants to know  
7     what other reports you provided, right?

8             A.     Yes.

9             Q.     And then you wrote back and said,  
10    "Just your suspicious report in electronic  
11    form."

12                    Do you see that?

13             A.     Yes.

14             Q.     Okay. So I'm assuming that you  
15    just provided the one-month -- the monthly  
16    report because that's really the only one that  
17    relates to suspicious order monitoring?

18             A.     Yes.

19             Q.     Okay. And then he writes back and  
20    says, "What about the greater than six-week  
21    average report?"

22                    Do you see that?

23             A.     Yes.

24             Q.     That's your report, right, that

1 we've talked about today?

2 A. Yes, yes.

3 Q. And then you wrote, "He didn't ask  
4 for that one. I just told him about it and he  
5 was fine with it."

6 A. And I must have explained that one  
7 to him and showed him a copy of it.

8 Q. Okay.

9 A. And then knowing that Jason  
10 probably wasn't there when he was at the  
11 warehouse, and he said, "Well, you can just send  
12 it to me electronically." But I did notice on  
13 the e-mail he sent it on a Saturday. So I think  
14 he --

15 Q. So did Mr. Redmond or anybody else  
16 that was involved in the VAWD accreditation  
17 have -- were they provided with an explanation  
18 as to how those reports were used to identify  
19 suspicious orders?

20 A. Jason, I believe, did talk to him  
21 about that.

22 Q. But you weren't involved in that?

23 A. I was not involved in that because  
24 I don't use the report.

1 MR. JOHNSON: Sunshine.

2 MR. MULLIGAN: Yeah.

3 - - -

4 (DDM-Strang Exhibit 15 marked.)

5 - - -

6 BY MR. MULLIGAN:

7 Q. All right. I'm going to hand you  
8 Exhibit 15, which is DDM178756. I'll represent  
9 that you're not on this e-mail. I just wanted  
10 to show you something.

11 A. Okay.

12 Q. This is an e-mail from Rob Stuyck  
13 to Tom McConnell, who was in the room earlier,  
14 and it says, "Insights from recent Cardinal,  
15 McKesson, and ABC investor presentations."

16 Do you see that?

17 A. Yes.

18 Q. Have you ever seen this e-mail  
19 before?

20 A. No.

21 Q. All right. If you go to the third  
22 page, about halfway down it says "Opioids." And  
23 this is from one of these presentations. And it  
24 says, "Over the last couple years we have



1 reported hundreds of thousands of suspicious  
2 orders and customers."

3 Do you see that?

4 A. Yes.

5 Q. Are you aware that other entities  
6 in the supply chain had reported hundreds of  
7 thousands of suspicious orders under the  
8 Controlled Substances Act?

9 A. No.

10 Q. Okay. Does that cause you concern  
11 about the fact that DDM has never reported a  
12 single one?

13 A. No.

14 MR. JOHNSON: Objection.

15 Q. And why is that?

16 A. Because I think we've taken all  
17 measures to make sure that that doesn't happen.

18 Q. So is it your testimony today that  
19 there's nothing more DDM could have done to  
20 identify possible suspicious orders?

21 MR. JOHNSON: Objection.

22 A. I think we did -- we used the  
23 tools that we have to question an order error  
24 when and if it was on a report or when it was on

1 the pick ticket when it was asterisked. I think  
2 that we did a very good job of not letting it  
3 leave the distribution center.

4 Q. And I'm not disputing whether you  
5 did a good job of catching order errors. What  
6 I'm asking is, do you think DDM did everything  
7 it could have possibly done to identify  
8 suspicious orders that would be indicia that  
9 diversion was taking place within its business?

10 MR. JOHNSON: Objection.

11 A. I think we did everything we could  
12 at the distribution level, yes.

13 Q. Do you think DDM in general did  
14 everything that they could have done to identify  
15 and report suspicious orders?

16 MR. JOHNSON: Objection.

17 A. At the distribution center, yes.  
18 Outside of that, I do not know.

19 Q. And even though you were the  
20 keeper of the suspicious order monitoring  
21 policies and procedures, you don't know whether  
22 more could have been done outside of the narrow  
23 scope of the distribution center?

24 MR. JOHNSON: Objection.

1 Q. Correct?

2 MR. JOHNSON: Objection.

3 A. Although there was nothing in  
4 writing, I still believe we did everything we  
5 could.

6 Q. Did DDM possess information that  
7 it could have analyzed to help it identify  
8 suspicious orders that it did not use?

9 MR. JOHNSON: Objection.

10 A. I don't know.

11 Q. Okay. Well, you don't know what  
12 information Pete and Jason looked at, right?

13 A. I don't know.

14 Q. Okay. So how can you take a  
15 position on whether DDM did everything it could  
16 have done to identify suspicious orders if you  
17 don't know what information they considered?

18 MR. JOHNSON: Objection.

19 A. Because I don't know what other  
20 information is available to make an educated  
21 judgment on how to move forward with the orders.  
22 We used what we had, and the trust of the  
23 pharmacists doing their professional judgment,  
24 and I know you're not questioning that, but

1     that's how I -- we've looked at it over this  
2     time.

3             Q.     So the crux of the suspicious  
4     order monitoring policy is, "We trust the  
5     pharmacist to make a good judgment"?

6             A.     I do.

7             Q.     Okay. But that's really -- that's  
8     really what the DDM suspicious order monitoring  
9     policies and procedures rise and fall on, right?

10            MR. JOHNSON: Objection.

11            A.     There has to be a level of trust.  
12     There has to be a level of we -- I'm shipping  
13     only to our stores. Once it leaves the  
14     facility, I'm trusting that they are doing their  
15     job to make sure that there is no suspicious  
16     orders, prescriptions, any of the red flags.

17                    My job is at the distribution  
18     center, and I've used everything I can, as of  
19     today, to make sure that those orders do not go  
20     out.

21            Q.     What orders are you talking about?

22            A.     Any order errors.

23            Q.     Right. So order errors; but we're  
24     not talking about order errors, we're talking

1     about suspicious orders, right? And you don't  
2     have the tools to identify a suspicious order,  
3     right?

4                     MR. JOHNSON: Objection.

5             Q.     I mean, you've already testified  
6     to that. I'm just trying to clarify.

7                     MR. JOHNSON: Objection.

8                     MR. MULLIGAN: What's the basis of  
9     your objection?

10                    MR. JOHNSON: She hasn't testified  
11     to that.

12                    MR. MULLIGAN: She has testified  
13     to that.

14                    MR. JOHNSON: Well, the transcript  
15     will bear it out.

16                    MR. MULLIGAN: Okay.

17             A.     I did not consider them -- I  
18     consider them order errors.

19             Q.     Okay. You considered anything  
20     that looked abnormal to be an order error,  
21     correct?

22             A.     Correct.

23             Q.     Okay. You never considered  
24     whether they could be suspicious orders or part

1 of a diversionary scheme, correct?

2 A. Not when the orders were, again, a  
3 quantity of one and they're ordering two or a  
4 quantity of two and they're ordering three.

5 Q. Well, that's just an example,  
6 though.

7 A. It is an example.

8 Q. Did you ever identify any order  
9 from any store that you treated as potentially  
10 suspicious?

11 A. No.

12 - - -

13 (DDM-Strang Exhibit 16 marked.)

14 - - -

15 Q. All right. Let's look at  
16 Exhibit 16, which is DDM453459. This is an  
17 e-mail dated February 2018, so less than a year  
18 ago, from Joe Muha to Pete Ratycz, Keith Miller,  
19 Jason Briscoe, and yourself.

20 Do you see that?

21 A. Yes.

22 Q. And the subject is, "SOM is  
23 becoming a bigger deal."

24 Do you see that?

1 A. Yes.

2 Q. Was suspicious order monitoring a  
3 big deal before February 2018?

4 A. Yes.

5 Q. And why was it a big deal?

6 A. Because it is. Because it is --  
7 it was a big deal. It is a big deal, and we  
8 take it seriously. But any orders that I've  
9 seen have not been suspicious.

10 Q. That's not what I asked you. I  
11 asked you -- you said that suspicious order  
12 monitoring is a big deal, right?

13 A. Yes.

14 Q. Okay. And I asked you why is it a  
15 big deal?

16 A. Because we need to do our job to  
17 make sure that anything that we're distributing  
18 from our distribution center is not adding to  
19 that problem.

20 Q. Okay. And this e-mail suggests  
21 that it's becoming -- it has become a bigger  
22 deal in around the 2018 time frame, right?

23 Do you agree with that?

24 A. Yes.

1 Q. Do you think that that means that  
2 it's -- well, how did you perceive that subject?  
3 What did you perceive that to mean?

4 A. I perceived that it is becoming a  
5 bigger deal, but I'm still doing everything we  
6 can the exact same that I was doing last week  
7 and two months ago. It's just as serious today  
8 as it was two years ago, three years ago, ten  
9 years ago.

10 Q. And so you're doing the same thing  
11 you were doing ten years ago?

12 A. Yes.

13 Q. And despite the fact that we saw  
14 an e-mail where Mr. Ratycz said that you guys  
15 needed to develop further reporting to  
16 effectively identify suspicious orders, you guys  
17 are doing the same thing as you were ten years  
18 ago, right?

19 MR. JOHNSON: Objection.

20 A. We are at the distribution center.

21 Q. Okay.

22 A. If he wants to tighten up or make  
23 a policy for something else or develop maybe a  
24 stronger policy for us. Today, that's what



1 we're doing.

2 Q. Do you know whether anything has  
3 been done to draw up more effective controls to  
4 identify suspicious orders, like he mentioned  
5 that was needed in that e-mail?

6 A. I don't know.

7 MR. JOHNSON: Objection.

8 THE WITNESS: I'm sorry.

9 MR. JOHNSON: Go ahead.

10 A. I don't know because that could  
11 deal with store level and pharmacists. And,  
12 again, distribution center.

13 Q. Okay. So I know you've been  
14 distinguishing between the store and corporate  
15 and then distribution. But at the beginning of  
16 the deposition today, you told me that you were  
17 the one responsible for DDM's suspicious order  
18 monitoring policies and procedures, correct?

19 MR. JOHNSON: Objection.

20 A. I am, but nobody told me to have  
21 it in writing. I'm in charge of making sure  
22 that the orders go out with history and making  
23 sure that they're all --

24 Q. Okay. So when you say you're

1 responsible --

2 A. -- input properly.

3 Q. -- for DDM suspicious order

4 monitoring policies and procedures, you mean

5 within the silo of the distribution center,

6 correct?

7 A. Yes.

8 Q. You don't have any responsibility

9 for what the pharmacy operations people do and

10 what the pharmacists do, correct?

11 A. I think there is -- I think we're

12 all responsible for each part of our job. They

13 do overlap a little bit, but, again, when the

14 orders come in, that's my job. When they're

15 filled, that's my job. And when they leave,

16 that's my job.

17 Q. Okay.

18 A. And the invoicing is my job.

19 After that, that's up to the pharmacy

20 operations. And before that, obviously these

21 reports were created to help us.

22 Q. Okay. And I just want to -- I'm

23 just looking for clarification.

24 A. Yeah.

1           Q.     I haven't heard anything today  
2     where you said, "This is what I do to help  
3     identify suspicious orders." It seems to me  
4     like your role is to make sure that what's  
5     ordered was ordered right and that it's  
6     fulfilled, but it doesn't seem like there's any  
7     part of your job that goes beyond that into the  
8     realm of, "Is this suspicious or not?"

9                     Is that fair?

10                    MR. JOHNSON: Objection.

11           A.     No. Because I think suspicious --  
12     it depends on, again, the quantity and what the  
13     orders are coming through as. Am I contacting  
14     the same stores all the time? Am I talking to  
15     the same pharmacists all the time? There's two  
16     pharmacists at every store, so it's nice to  
17     verify that sometimes. The history. All the  
18     history.

19           Q.     But you're just looking at that to  
20     see whether they made a typo, right?

21                    MR. JOHNSON: Objection.

22           A.     Correct. But I would assume that  
23     I could also tell, if that was an order error,  
24     I'm cutting it off at the pass before they even

1 get the product.

2 Q. Right. But that may not have  
3 anything to do with diversion, right?

4 A. Maybe not, but maybe.

5 Q. Okay. I just -- I'm just trying  
6 to understand because I -- you said you're  
7 responsible for suspicious order monitoring  
8 policies and procedures in the beginning, which  
9 was broad, and then now it's just within the  
10 silo of distribution. But I -- you haven't told  
11 me anything that would suggest that you actually  
12 do anything to identify suspicious orders other  
13 than to identify typos in orders; is that fair?

14 MR. JOHNSON: Objection.

15 A. No. I think that my job is, if  
16 there is something that shows up on a report and  
17 someone wants it to be cut, that's part of my  
18 job. If one of my pullers that have had  
19 experience for years doing this and they see an  
20 asterisk on an order or they brought something  
21 to my attention, that was my job.

22 Did I ever think that that was  
23 suspicious? No. Once I investigated it,  
24 history, talked to the pharmacist, I mean, did

1 my due diligence, I would never say that there  
2 was ever a suspicious order. It was always, "We  
3 ordered six of these ointments and we only want  
4 two."

5 "I ordered three bottles of this  
6 of 30. We only need one." There was never  
7 anything that was a red flag of multiple weeks,  
8 multiple huge quantities, multiple controls.

9 It's very rare that we have a  
10 control that someone's like, "Oh, no, no, we  
11 only wanted one." It's more along the lines of  
12 everything else. So I watch those orders. I'm  
13 told about those orders, and I feel like I am  
14 doing our due diligence at the distribution  
15 center.

16 Q. To make sure that the pharmacies  
17 get what they ordered, right? To make sure that  
18 what you send them is what they actually need?

19 A. What they actually need.

20 Q. Okay. It's not your job to  
21 second-guess what the pharmacy is ordering?

22 A. It's my job to trust who I work  
23 with, that every day when I talk to all these  
24 people -- and they call more often than just

1     once a year -- that I'm going to trust their  
2     judgment, yes.

3             Q.     Okay. So you don't second-guess  
4     what pharmacies are ordering, you just verify  
5     that what they ordered is what they need?

6             A.     I do verify.

7             Q.     Is that a "yes"?

8             A.     Yes.

9             Q.     Okay. I'm going to hand you  
10    Exhibit -- well, actually, hold on. Let me ask  
11    a couple questions.

12                    Did you ever exchange documents  
13    with the pharmacists at stores regarding, let's  
14    say, an order that was higher than normal?

15            A.     No.

16            Q.     Okay.

17            A.     I'm sorry. What kind of document?

18            Q.     Well, any document. Did you --

19            A.     They would send me their six-week  
20    average, over average, and would -- there's  
21    mark -- you know, they would mark it down.  
22    That's the only thing that I've ever had on  
23    paper that they would send to me. And it says  
24    my name at the top of that report.

1 Q. Okay. I'm going to hand you  
2 Exhibit 17, which is DDM440505.

3 - - -

4 (DDM-Strang Exhibit 17 marked.)

5 - - -

6 Q. This looks like a form. At the  
7 top it says "Confidential. Attention chief  
8 pharmacist."

9 Do you see that?

10 A. Yes.

11 Q. And then it's got a store number  
12 and a date. Have you ever seen this document  
13 before?

14 A. This particular one, no. The  
15 actual piece of paper that before it's filled  
16 out, I do know that Tom Nameth was responsible  
17 for this before he retired.

18 Q. So you didn't create this?

19 A. I did not.

20 Q. And you didn't train people on how  
21 to fill it out?

22 A. No.

23 Q. Do you know who did?

24 A. The director of operations,

1 pharmacy operations, is who I would say.

2 Q. So probably Tom Nameth, but you  
3 don't know for sure?

4 A. No.

5 Q. Did you ever work with these  
6 documents?

7 A. No.

8 Q. Okay. So let's look at this.  
9 This is dated May of 2008 and it's for store 5.  
10 Do you see that?

11 A. Yes.

12 Q. And it says, "The Drug Enforcement  
13 Agency" -- which is the DEA -- "has requested  
14 that Discount Drug Mart pharmacy operations  
15 maintain records of controlled substances  
16 purchases that exceed an average of purchases  
17 calculated from the previous 12 months or that  
18 deviate substantially from normal average per  
19 month."

20 Do you see that?

21 A. Yes.

22 Q. And the next line says, "The  
23 April 2008 report indicates an increase in  
24 purchases of hydro" -- do you know what that's



1 referring to?

2 A. I'm sorry. I lost where you're  
3 at.

4 Q. If you look at the highlighted --  
5 MR. JOHNSON: It's right on the  
6 screen.

7 A. Yes. Okay.

8 Q. Is that hydrocodone?

9 A. Yes.

10 Q. Okay. And it has, it looks like,  
11 an NDC number after that?

12 A. Yes.

13 Q. And it says, "Your average monthly  
14 purchases of this item are three bottles. This  
15 month eleven bottles were ordered."

16 Do you see that?

17 A. Yes.

18 Q. Okay. Is that the type of  
19 information that would be spit out on the  
20 six-week average report?

21 A. I don't know.

22 Q. So do you have any idea what  
23 context this document was used in?

24 MR. JOHNSON: You have to answer

1 out loud.

2 A. No. I'm thinking.

3 MR. JOHNSON: Oh, okay. Sorry. I  
4 didn't mean to rush you.

5 A. No, no, no.

6 No, other than Tom using that --  
7 the controlled monitoring 12-month rolling  
8 report.

9 Q. Okay. At least on this document,  
10 it suggests that the store averaged three  
11 bottles a month and then they were at eleven in  
12 this given month, correct?

13 A. Correct.

14 Q. And if you had gotten a report  
15 like that at your warehouse, you would have  
16 called them and said, "Did you mean to order  
17 eleven? Or, "You usually order three." Right?

18 A. This probably would have been  
19 weekly.

20 Q. Okay.

21 A. So if they ordered one bottle and  
22 they were ordering two, and then it added up to  
23 the eleven, you know, somehow. I'm just doing  
24 the math.

1 Q. Well, it actually says "this  
2 month." So it says, "Your average monthly  
3 purchase of this item are three bottles."

4 A. Right, but I don't think they  
5 ordered three bottles and got eleven. I think  
6 the average monthly purchases. They order  
7 weekly. So over a span of four weeks, they  
8 would order three: One, one, one. Perhaps here  
9 it was two, two, two and three, and ended up  
10 with -- that's how I'm taking it. It wasn't a  
11 three bottle order and they got eleven. It was  
12 a weekly order over four or five weeks.

13 Q. So are you saying to me that it's  
14 possible that this increase wouldn't have shown  
15 up on your six-week average report?

16 A. It's possible because it was  
17 weekly.

18 Q. Okay.

19 A. But it's going to average itself  
20 out again.

21 Q. Well, you think --

22 A. Well, one -- well, right.

23 Q. Do you know whether this order was  
24 cut?

1 A. I don't know.

2 Q. Okay. So then it says, "Please  
3 verify this quantity and provide appropriate  
4 explanation as to the necessity of the increase.  
5 Thank you for your immediate response to this  
6 request."

7 Do you see that?

8 A. Yes.

9 Q. Okay. In April 2008, would store  
10 number 5 have been ordering hydro from the  
11 distribution center?

12 A. In 2008?

13 Q. Yes.

14 A. Yes, possibly.

15 Q. Okay. And so this is a form  
16 that's being sent out in response to an order  
17 being sent to the distribution center, correct?

18 A. Again, I don't think it was one  
19 order, but yes.

20 Q. Okay. But you haven't seen this  
21 document before, right?

22 A. No.

23 Q. Okay. Does it surprise you to see  
24 a document like this regarding an increased

1 order to your distribution center that you've  
2 never seen before?

3 A. No, because, again, if it was  
4 weekly orders --

5 Q. I know -- let's move past that  
6 weekly order part.

7 A. Okay.

8 Q. I'm not asking you that question.

9 A. Okay.

10 Q. All right.

11 A. But that's what I think would have  
12 triggered --

13 Q. You're the director of pharmacy  
14 buying --

15 A. Yes.

16 Q. -- and you're the pharmacy  
17 distribution supervisor, right?

18 A. Mm-hmm, yes.

19 Q. You run the distribution center,  
20 right?

21 A. Correct.

22 Q. Okay. Stores at this time would  
23 place orders for hydrocodone, which is the  
24 subject of this litigation, to your distribution

1 center, correct?

2 A. Correct.

3 Q. Okay. And you have a report that  
4 identifies when stores order more than they  
5 usually do, right?

6 A. Correct.

7 Q. Okay. And this is a form that  
8 someone is sending to this store to say, "Hey,  
9 you're ordering a lot more than usual," right?

10 A. This form, yes.

11 Q. Okay. And you've never seen this  
12 form before, right?

13 A. I've seen it, but not filled out.

14 Q. Okay. When have you seen it?

15 A. I don't -- probably back when this  
16 was actually -- I did not create this report.  
17 Someone created it. I knew that it existed  
18 because of the 12-month average report. And if  
19 there was something on that that triggered them  
20 to call a store or fill this out, this would get  
21 filled out.

22 I never saw it when it was filled  
23 out. That was up to the director of pharmacy  
24 operations, the pharmacists, and probably the

1 supervisor at that time.

2 Q. Okay. It looks like this is sort  
3 of a duplication of what your efforts might have  
4 been, which would be to call the pharmacist to  
5 make sure that the order was correct, right?

6 MR. JOHNSON: Objection.

7 Q. It's basically asking for an  
8 explanation for why you have ordered more,  
9 right?

10 A. Yes.

11 Q. And is that what you would do if  
12 you saw it on the report or your puller told  
13 you, you'd call the store and ask why they  
14 needed the increase, right?

15 A. Yes.

16 Q. Okay. And if you look below, it  
17 looks like the chief pharmacist from store 5  
18 responded?

19 A. Yes.

20 Q. Okay. And it looks like it was  
21 about nine days later. And the explanation for  
22 the increased order says, "Had two or three  
23 prescriptions for larger amounts than usual.  
24 Quantities were verified with physicians."

1 Do you see that?

2 A. Yes.

3 Q. Do you -- is that -- if you had  
4 called and asked for an explanation, would that  
5 have been an appropriate explanation for the  
6 increase?

7 A. Again, the order was not three and  
8 we filled eleven. If it would have been a  
9 weekly order that we would be reviewing, if we  
10 filled one or two bottles per week, I don't  
11 think there would have been a phone call.

12 Q. That's not what I -- that's not  
13 the question I asked you. I'm asking you a very  
14 specific question.

15 A. Okay.

16 Q. My question is, if a store ordered  
17 more than normal and you called the pharmacist,  
18 and the pharmacist said to you, "Oh, I had two  
19 or three prescriptions for larger amounts than  
20 usual and the quantities for those prescriptions  
21 were verified with the physician," would that  
22 have been sufficient for you to then go ahead  
23 and ship out the eleven bottles?

24 A. No.



1 Q. It wouldn't have been?

2 A. Not if there was that much of an  
3 increase from three to eleven.

4 Q. Okay. So what would you have done  
5 next?

6 A. I would have -- to me, if it was  
7 that much of a quantity increase, if it was  
8 brought to my attention, and if I did my job to  
9 do the history, I would go to Jason or Tom. Tom  
10 was here at that time. I would have went to Tom  
11 and I would have said, "Hey, something doesn't  
12 make sense here, that much."

13 Q. Okay. But you don't know whether  
14 more explanation was provided than this,  
15 correct?

16 A. I do not know.

17 Q. Okay. And I think you've  
18 testified that -- and everybody has -- that DDM  
19 never had a suspicious order ever, right?

20 A. No.

21 Q. So that would suggest that this  
22 was resolved in some way or determined to not be  
23 suspicious, right?

24 A. Correct.

1 Q. Okay.

2 A. To my knowledge. Again, I'm not  
3 involved in this part of it.

4 Q. But you would agree that this sort  
5 of appears to be somewhat of a duplication of  
6 what you're doing when you're calling the stores  
7 yourself, right?

8 MR. JOHNSON: Objection.

9 A. Yes. I'm verifying amounts, but,  
10 again, if it was that much of a jump, that's --  
11 that doesn't make sense to me.

12 Q. Do you have any idea who followed  
13 up on this?

14 A. Other than Tom, no.

15 Q. Okay. Do you know how many forms  
16 like this were filled out in the history of DDM?

17 A. I do not.

18 Q. So you don't have any idea who was  
19 responsible for evaluating the adequacy of those  
20 explanations, correct?

21 MR. JOHNSON: Objection.

22 MR. MULLIGAN: What's the  
23 objection?

24 MR. JOHNSON: Other than Tom

1           Nameth? You just asked her and she  
2           answered it.

3                   MR. MULLIGAN: She guessed that it  
4           was Tom Nameth. I'm just asking if she  
5           knows who would have made the final --

6                   MR. JOHNSON: She said it was Tom  
7           Nameth --

8           A. Tom Nameth.

9                   MR. JOHNSON: -- given at that  
10          point in time --

11          A. The director of pharmacy  
12          operations.

13          BY MR. MULLIGAN:

14                 Q. But you're assuming that, right?  
15          You don't know -- you haven't even seen this  
16          document before today, right?

17                 A. This is -- unfortunately, I know  
18          Tom's handwriting, but this is filled out by Tom  
19          because of that other report. So I would assume  
20          that Tom was responsible for following up with  
21          that answer. And I do know that -- I'm sure  
22          there's other tools that he uses to make sure  
23          that that was legit, whether he got copies of  
24          prescriptions, whether John provided something,

1 I don't know.

2 Q. I don't want you to speculate, I  
3 really don't.

4 A. Okay.

5 Q. I just want to know what you know.

6 A. Okay. I don't know.

7 Q. That's why I'm asking the  
8 follow-up questions, because I don't -- I'm  
9 hearing you use words that suggest that you're  
10 speculating, and I don't -- I really don't want  
11 you to speculate.

12 A. Okay.

13 Q. I just want to know what you know,  
14 and that's it.

15 A. That's fine.

16 Q. And we can ask Tom other stuff.

17 So -- but it does sound like this  
18 is Tom's handwriting?

19 A. Correct.

20 Q. Okay. And that would be the stuff  
21 in this section here?

22 A. Correct.

23 Q. Okay. Is that his handwriting  
24 down below, too?

1           A.     I believe -- I don't know, but I  
2     believe that's John Vedrody's, but I do not  
3     know.

4           Q.     You think it's the pharmacist's?

5           A.     Yes.

6           Q.     Okay. So we should ask Tom Nameth  
7     about these forms?

8           A.     Yes.

9                     - - -

10                    (DDM-Strang Exhibit 18 marked.)

11                     - - -

12           Q.     Okay. We can skip that one.

13                     Okay. Let's -- we're going to  
14     look at Exhibit 18. I'm skipping a document.  
15     It's DDM15156.

16                     This is an e-mail sent on -- we're  
17     going back in time a little bit. I apologize.  
18     June of 2013.

19                     Do you see that?

20           A.     Yes.

21           Q.     And this is from Brandon Wilkins  
22     at Cardinal Health --

23           A.     Yes.

24           Q.     -- to a number of you at DDM,

1 right?

2 A. Correct.

3 Q. And this e-mail includes Doug

4 Boodjeh, right?

5 A. Yes.

6 Q. And he's the COO?

7 A. Yes.

8 Q. And if you look at the subject, it  
9 says, "Discount Drug Mart/Cardinal Heath  
10 Business Review Takeways."

11 Do you see that?

12 A. Yes.

13 Q. And I -- tell me if I'm wrong. It  
14 looks like this is about the time that you guys  
15 starting engaging with them to switch over to  
16 hydrocodone?

17 A. I don't know.

18 Q. Okay. Do you know what --

19 THE COURT REPORTER: Can we go off  
20 the record?

21 MR. MULLIGAN: Yeah.

22 THE VIDEOGRAPHER: The time is now  
23 1:46. Going off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: The time is now

2 1:59. Back on the record.

3 BY MR. MULLIGAN:

4 Q. All right. So we had some  
5 technical difficulties. I think we're good to  
6 go.

7 We were looking at Exhibit 18. Do  
8 you have that in front of you?

9 A. Yes.

10 Q. Okay. And this is DDM15156,  
11 right? Do you see in the bottom right there?

12 A. Yes.

13 Q. Okay. And this is an e-mail from  
14 Cardinal Health to yourself and a number of  
15 other individuals at DDM, correct?

16 A. Yes.

17 Q. Do you recall this e-mail?

18 A. I do not.

19 Q. Do you recall meeting with people  
20 from Cardinal Health?

21 A. Yes. We had our business  
22 review --

23 Q. And what's a --

24 A. -- shortly before this.

1 Q. What's a business review?

2 A. Quarterly Cardinal would come up  
3 to our office to meet and we would discuss all  
4 of our -- all the business for that quarter,  
5 from the previous quarter, along with other  
6 subjects that they would want to bring up, so  
7 that way we could discuss them as a group.

8 Q. Okay. And it says in the e-mail,  
9 "We discussed a wide range of topics and  
10 opportunities for the future, so please let us  
11 know if we have missed anything here."

12 Do you see that?

13 A. Yes.

14 Q. And then there's a list of, it  
15 looks like, nine different things that were  
16 discussed at the meeting?

17 A. Yes.

18 Q. Which occurred the day before this  
19 e-mail, correct? It's the first sentence.

20 A. I don't have a date on there  
21 but -- oh, right here.

22 Q. There?

23 A. Yes.

24 Q. Okay. And topic number 9 says,



1 "Suspicious order monitoring."

2 Do you see that?

3 A. Yes.

4 Q. And does that suggest to you that  
5 suspicious order monitoring was discussed at  
6 that meeting with Cardinal?

7 A. Yes.

8 Q. Do you recall that discussion?

9 A. I do not recall this discussion,  
10 but I do know that there were discussions on  
11 information that they may have needed from us.

12 Q. Did Cardinal ever express any  
13 opinion about the adequacy of DDM's suspicious  
14 order monitoring policies?

15 MR. JOHNSON: Objection.

16 A. Can you clarify that?

17 Q. Do you know -- I mean, you met  
18 with Cardinal, right?

19 A. Yes.

20 Q. And one of the topics that was  
21 discussed was suspicious order monitoring,  
22 correct?

23 A. Yes.

24 Q. Do you know whether Cardinal had

1 any recommendations for what DDM should be doing  
2 to strengthen its suspicious order monitoring  
3 policies?

4 MR. JOHNSON: Objection.

5 A. From our stores to our  
6 distribution center or from -- to the  
7 wholesaler, just direct to the wholesaler?

8 Q. Just in general.

9 A. I do not remember.

10 Q. Okay. But it looks like they felt  
11 the need to provide you with criteria that they  
12 look at when monitoring orders and setting  
13 thresholds.

14 Do you see that?

15 MR. JOHNSON: Objection.

16 MR. MULLIGAN: What's the  
17 objection?

18 MR. JOHNSON: This -- the way I  
19 read this, the suspicious order  
20 monitoring system they're talking about  
21 is Cardinal's.

22 MR. MULLIGAN: Yeah, that's --

23 MR. JOHNSON: This isn't an  
24 evaluation of Discount Drug Mart's

1                   suspicious ordering --

2                   MR. MULLIGAN:   You're right.   And  
3                   I'm asking her about the e-mail.   I  
4                   mean --

5                   MR. JOHNSON:   Okay.   Well, your  
6                   questions, at least to me --

7                   MR. MULLIGAN:   I don't --

8                   MR. JOHNSON:   -- seem to imply  
9                   that --

10                  MR. MULLIGAN:   I don't understand  
11                  the basis of your objection, and I think  
12                  that's where we're --

13                  MR. JOHNSON:   Okay.   Well, I'm  
14                  trying to explain it to you.

15                  MR. MULLIGAN:   Okay.   I still  
16                  don't understand it, though.

17                  MR. JOHNSON:   Okay.   As I read  
18                  this e-mail, it looks -- number 9,  
19                  suspicious order monitoring, I  
20                  believe --

21                  MR. MULLIGAN:   I think the problem  
22                  here, Tim, is I think your objection  
23                  needs to be to form.   I don't want to  
24                  hear a whole colloquy about like what --

1           that's what I want to know. What's the  
2           form objection?

3                   MR. JOHNSON: Well, you're not --  
4           I'm objecting, but you're not allowed to  
5           misrepresent what the document is or  
6           what --

7                   MR. MULLIGAN: I'm not.

8                   MR. JOHNSON: -- or what she says.

9                   MR. MULLIGAN: What did I  
10          misrepresent?

11                   MR. JOHNSON: Well, you're  
12          implying by your questions that Cardinal  
13          was somehow evaluating Discount Drug  
14          Mart's SOM system, suspicious order  
15          monitoring.

16                   MR. MULLIGAN: No. I asked her if  
17          they ever did.

18                   MR. JOHNSON: I don't think you  
19          did ask that question.

20                   MR. MULLIGAN: Okay. Well, I did.  
21          So I really -- we've been doing great,  
22          okay, so far, but we're getting to the  
23          point now where you're starting to  
24          impede my deposition.

1                   So if you want to object to form,  
2                   you can do that. She can testify.

3                   MR. JOHNSON: I just object. You  
4                   asked me what --

5                   MR. MULLIGAN: And you haven't  
6                   given me --

7                   MR. JOHNSON: -- the basis was.

8                   MR. MULLIGAN: You haven't given  
9                   me a basis of your form objection, and  
10                  I'm trying to make sure my question is  
11                  okay. Apparently my question is okay.  
12                  You just don't want me to ask her about  
13                  the document.

14                  MR. JOHNSON: No, that's not --  
15                  you're totally mischaracterizing.

16                  MR. MULLIGAN: I'm not. I  
17                  asked --

18                  MR. JOHNSON: Well, I --

19                  MR. MULLIGAN: Let's continue,  
20                  okay? And if you want to object, you  
21                  can do it.

22                  MR. JOHNSON: Go on. If you want  
23                  to clear it up, fine.  
24

1 BY MR. MULLIGAN:

2 Q. Okay. This is an e-mail that you  
3 received after a meeting with Cardinal Health,  
4 right?

5 A. Correct.

6 Q. Okay. And the meeting took place  
7 the day before this e-mail was sent, right?

8 A. Correct.

9 Q. Okay. And it identifies the  
10 things that were discussed at the meeting,  
11 right?

12 A. Correct.

13 Q. And one of those things was  
14 suspicious order monitoring, correct?

15 A. Correct.

16 Q. Okay. And my question to you was,  
17 did Cardinal ever express any concern or raise  
18 any issues related to how DDM was conducting  
19 suspicious order monitoring?

20 A. And that's when I answered I don't  
21 remember, but I don't think it was anything from  
22 the stores to us.

23 Q. And I don't know what that means.  
24 So explain it to me.

1           A.     I don't think they were  
2     questioning our system, our ordering system.

3           Q.     Okay.

4           A.     I think they were just presenting  
5     to us what they needed to have in place or what  
6     they wanted to improve on for Cardinal to our  
7     stores.

8           Q.     Okay. So somehow they knew that  
9     you guys needed to do something different to  
10    satisfy them, correct?

11          A.     I do not know that.

12          Q.     Okay. All right. So but they  
13    did -- and this is the question I think that was  
14    objected to. They did provide you, which it  
15    says right here, "Attached are the criteria that  
16    we" -- which is Cardinal -- "look at when  
17    monitoring orders and setting thresholds,"  
18    right?

19          A.     I do see that, yes.

20          Q.     Okay. And at this time, DDM had  
21    no thresholds that they applied to their stores,  
22    correct?

23          A.     From Cardinal?

24          Q.     From DDM.

1           A.     We did not at DDM.

2           Q.     Okay. Cardinal was the one who  
3 imposed thresholds on your stores, correct?

4           A.     Correct.

5           Q.     And it says, "Brandon to  
6 communicate with Tom and Jill as needed."

7                     Right?

8           A.     Yes.

9           Q.     And that's you?

10          A.     That's me.

11          Q.     Okay. And if you look up under  
12 "Attachments," it says, "Suspicious order  
13 monitoring criteria PPTX," which is PowerPoint,  
14 right?

15          A.     Yes.

16          Q.     Okay. So let's go to page -- it's  
17 Bates number 15160, and this is the specifics of  
18 objective criteria, it seems, that Cardinal uses  
19 to identify or monitor for suspicious orders,  
20 correct?

21          A.     Yes.

22          Q.     Did you ever look at these -- this  
23 information as it relates to DDM's distribution  
24 of controlled substances?



1           A.     I did not because the majority of  
2     these are C-IIs that we do not carry.

3           Q.     Okay.

4           A.     And this was something that they  
5     presented to us from their side to our stores,  
6     so I looked at it solely as a wholesaler,  
7     national average, objective criteria. It all  
8     came from Cardinal.

9           Q.     Okay. So if you look at -- if you  
10    look at, let's say, like halfway down, the one  
11    that says, "Percentage of all prescriptions that  
12    is oxycodone and hydrocodone prescriptions."

13                   Do you see that?

14          A.     Yes.

15          Q.     And it looks like the national  
16    average is 4.5 percent of all prescriptions  
17    would be associated with those two drugs.

18                   Do you see that?

19          A.     That's -- yes, I do see that.

20          Q.     And then the 95th percentile is  
21    14 percent, correct?

22          A.     I do see that.

23          Q.     So somebody who would fall in the  
24    14th percent box would be filling more of that

1 drug than the national average?

2 A. Correct.

3 Q. Okay. Did -- when hydrocodone was  
4 still a Schedule III, did DDM ever do anything  
5 to determine where it fell relative to the  
6 national average, that you know of?

7 A. I did not, and I do not know.

8 Q. Once you got this PowerPoint from  
9 Cardinal, did you do anything with it?

10 A. I don't remember.

11 MR. MULLIGAN: All right. We're  
12 going to look at, I think, 19, right?

13 - - -

14 (DDM-Strang Exhibit 19 marked.)

15 - - -

16 Q. This is DDM110147. This is an  
17 e-mail dated September 24th, 2013 from Tom  
18 Nameth to all pharmacists. And then you're also  
19 copied on there with a number of other people.

20 Do you see that?

21 A. Yes.

22 Q. Okay. And this says, "Subject:  
23 DEA quantity purchase limits."

24 Do you see?

1 A. Yes.

2 Q. All right. And it says, "All  
3 Pharmacists: Attached is specific store  
4 information from Cardinal regarding purchase  
5 limits on certain C-II" -- which is Schedule II  
6 controlled substances, right?

7 A. Yes.

8 Q. Okay. And then it says, "The  
9 column that states Oxycodone SBC is the  
10 threshold specifically for oxycodone  
11 15-milligram and 30-milligram."

12 Correct?

13 A. Yes.

14 Q. All right. And it says -- do you  
15 remember seeing this e-mail?

16 A. I do not remember this.

17 Q. You don't. Okay.

18 The next sentence says, "This is a  
19 threshold within the total oxycodone drug  
20 family. Both oxycodone and morphine limits are  
21 listed in yellow."

22 Do you see that?

23 A. Yes.

24 Q. All right. And if you actually

1 turn to the next two pages, they didn't print  
2 out in yellow, but I'll represent that those --  
3 the last two columns were yellow.

4 A. Yeah.

5 Q. Have you ever seen that -- those  
6 threshold limits?

7 A. No.

8 Q. Did you play any role in setting  
9 those thresholds?

10 A. No.

11 Q. Do you know whether those were set  
12 by Cardinal?

13 A. I do not know.

14 Q. Okay. You don't have any idea?

15 A. Because they're C-IIIs, I do not.

16 Q. Okay. And then it says, "These  
17 figures are determined from guidelines offered  
18 by the DEA."

19 Do you see that?

20 A. Yes.

21 Q. Were you aware the DEA offered  
22 guidelines to suggest thresholds that should be  
23 set for these drugs?

24 A. No.

1 Q. If you had been aware of those,  
2 would you have urged DDM to set thresholds?

3 A. For these C-IIs?

4 Q. Correct. Or for any controlled  
5 drug.

6 A. I would have discussed it with Tom  
7 or Jason.

8 Q. Did you ever have that discussion  
9 with them?

10 A. No.

11 Q. Okay. Then it says, "Many store  
12 orders from Cardinal have recently been cut back  
13 due to the purchase limits being placed on  
14 them."

15 Do you see that?

16 A. Yes.

17 Q. Okay. So that suggests that once  
18 these C-IIs were being obtained from Cardinal  
19 and Cardinal imposed thresholds, that many of  
20 DDM's stores' orders were getting cut, correct?

21 A. Correct.

22 Q. Okay. Which would suggest that,  
23 at least as far as Cardinal was concerned, that  
24 DDM stores were ordering too much C-II for what

1     they should be getting?

2                     MR. JOHNSON:  Objection.

3             A.     I can't say.  I can't answer that.

4             Q.     Well, I mean, it's just sort of  
5     common sense, right?  I mean, if you have no  
6     thresholds and no suspicious orders, and then  
7     you move to a distributor who puts thresholds on  
8     you and they start cutting orders, that suggests  
9     that, at least for their purposes, what those  
10    stores were getting before was too much?

11                    MR. JOHNSON:  Objection.

12            Q.     Is that fair?

13            A.     It's fair.  But being a C-II, I  
14    did not have anything to do with that.

15            Q.     Okay.  So you had nothing to do  
16    with it, but you would agree with my premise;  
17    right?

18                    MR. JOHNSON:  Objection.

19            A.     Going off the chart, yes.

20            Q.     Okay.  And then it says -- this is  
21    an instruction to the pharmacists from Tom  
22    Nameth, "If you hit your Cardinal limit, do not  
23    order from another supplier, Anda, since the DEA  
24    may monitor your purchases and investigate your

1 purchase history."

2 Do you see that?

3 A. Yes.

4 Q. Do you ever recall a time when a  
5 store ordered from another supplier when it hit  
6 a Cardinal limit?

7 A. I do not know.

8 Q. Do you know where I would go to  
9 find that out?

10 A. There has to be history, but I do  
11 not know --

12 Q. Okay.

13 A. -- because I don't create those  
14 reports or anything like that.

15 Q. Prior to these thresholds getting  
16 put in place, did anyone at DDM ever cut an  
17 order that was not associated with a typo, that  
18 you know of?

19 A. No.

20 - - -

21 (DDM-Strang Exhibit 20 marked.)

22 - - -

23 Q. We'll do Exhibit 20, which is DDM  
24 168903. This is an e-mail dated about a month

1 later, October 2013, from Brandon Wilkins at  
2 Cardinal Health to -- well, I'm looking at the  
3 last one, I guess. Let's go down below here.  
4 Let's start at the bottom of the first page.  
5 I'm sorry.

6 Okay. So this is from Shirlene  
7 Justus. Do you know who that is?

8 A. I do not.

9 Q. Okay. It's to Brandon Wilkins.  
10 Do you know who that is?

11 A. Yes. He was our representative  
12 for Cardinal. He was our account rep at that  
13 time.

14 Q. Okay. And so it says -- do you  
15 generally recognize the content that's in this  
16 e-mail?

17 A. No.

18 Q. Okay. So this is an October 16,  
19 2013 e-mail that says, "Discount Drug Mart  
20 number 18," which is in Independence. It says,  
21 "Hi, Brandon. This customer's order for 3200  
22 dosage units of oxycodone caused the customer to  
23 exceed its maximum accrual limit for oxycodone  
24 this accrual period."



1 Do you see that?

2 A. Yes.

3 Q. All right. And then it says, "The  
4 order for 3200 dosage units has been cut.  
5 Reported as suspicious to the DEA and will not  
6 be shipped."

7 Do you see that?

8 A. Yes.

9 Q. Okay. "Prior to that order, the  
10 customer received 4600 dosage units of oxycodone  
11 for this accrual period. After review of  
12 available information, I have determined that a  
13 threshold adjustment is not warranted and the  
14 customer's threshold will remain at 7500."

15 Do you see that?

16 A. I do.

17 Q. Okay. So it looks like Cardinal  
18 is saying to Store 18, "No, your threshold is  
19 7,500. This order of 3,200 would have put you  
20 over the max and we're going to cut that. We're  
21 going to automatically report it to the DEA as  
22 suspicious," correct?

23 A. That's what it says, yes.

24 Q. Okay. So this would indicate

1     that, at least under Cardinal's suspicious order  
2     monitoring policy, that DDM has had a suspicious  
3     order, correct?

4                     MR. JOHNSON:  Objection.

5             A.     I don't know, because I'm --

6             Q.     Well, Cardinal determined that  
7     this was suspicious and reported it to the DEA,  
8     right, based on what this e-mail says?

9             A.     But it does not --

10            Q.     But is not an answer to that  
11     question.

12            A.     Okay.  Say it again, please.

13                   MR. JOHNSON:  You've got to let  
14     her finish.

15            A.     That's okay.

16            Q.     You can answer it and then say  
17     "but," if you want, and I'll move to strike  
18     that, but "but" is not an answer to that  
19     question.  So let me ask the question again.

20                   This document indicates that  
21     Cardinal identified an order placed by a DDM  
22     store as suspicious and reported it to the DEA,  
23     correct?

24                   MR. JOHNSON:  Objection.  It says

1                   what it says.

2                   A.     It does say that.

3                   Q.     Okay. And you'd agree with that,  
4     right?

5                             MR. JOHNSON: Objection.

6                   Q.     Are you aware of any time that  
7     Cardinal reported a DDM store order as  
8     suspicious to the DEA?

9                   A.     Myself, no.

10                  Q.     You've -- before right now, you  
11     had no knowledge that this ever happened?

12                  A.     No.

13                  Q.     Okay. All right. If you look at  
14     the top e-mail, this is from Brandon to Pete and  
15     Tom Nameth. And it says, "Gentlemen, I guess  
16     it's about that time of month. Please see the  
17     below regarding number 18's cut oxycodone  
18     order."

19                             Do you know what he means by "it's  
20     that time of month"?

21                  A.     My interpretation is that  
22     everything was usually set -- reset on the 22nd  
23     of the month, and because they hit their  
24     threshold, that's my interpretation. I do not

1 know that, though, because I've never seen this  
2 before. Reading it --

3 Q. You've never seen any e-mail like  
4 this before ever?

5 A. No.

6 Q. Okay. So before five minutes ago,  
7 you never knew that Cardinal had ever cut and  
8 reported an order placed by a DDM store?

9 A. I knew they might do it, but I did  
10 not see this form of an e-mail.

11 Q. Okay. You thought they might do  
12 it but you didn't know that they had, right?

13 A. I know that there were thresholds,  
14 but I do not know that they -- I never knew  
15 whenever they reported it to the DEA. I never  
16 knew that. Because that was outside of my -- I  
17 wasn't part of the C-IIs, and I was only with  
18 our distribution center. And I wasn't on the  
19 e-mail.

20 Q. Okay.

21 - - -

22 (DDM-Strang Exhibit 21 marked.)

23 - - -

24 Q. I'm going to hand you Exhibit 21.

1 This is DDM74107. We're -- there's two pages,  
2 but we're going to just be on the first page.  
3 This is dated February 6th, 2014. So a couple  
4 months later. It's an e-mail from Aimee Cooper  
5 to you. It says, "Subject: Order pending."

6 And it says, "Good morning, Jill.  
7 We currently have an order pending for you on  
8 hydrocodone."

9 Do you see that?

10 A. Yes.

11 Q. Have you seen this before? I  
12 assume you have, you're on it.

13 A. I have seen it, but I do not  
14 remember it.

15 Q. Okay. Did you review this in  
16 preparation for your deposition?

17 A. No.

18 Q. All right. And then it says, "The  
19 order shows a significant increase to your  
20 normal ordering pattern. This represents four  
21 times your normal order quantities. Can you  
22 please provide an explanation to the increase?  
23 Could you also please provide how many suppliers  
24 you have on this product?"

1 Do you see that?

2 A. Yes.

3 Q. Do you know what this is referring  
4 to?

5 A. It is referring to an order on  
6 hydrocodone, and I believe my answer to her was,  
7 "I cut down on my 100 size and we picked up the  
8 larger size. So if I was ordering 24 500s, I  
9 may have ordered 96 500s, and I was eliminating  
10 the 100 count out of the warehouse."

11 Q. It looks like your response e-mail  
12 says "also," which suggests to me that there was  
13 another -- maybe you responded once, then you  
14 responded with another --

15 A. Yeah, I don't -- that's what --  
16 yeah, I don't understand that.

17 Q. Okay.

18 A. But that's -- when it says, "I  
19 have cut down on the 100s and ordered larger  
20 sizes," I'm dwindling down on the hundreds and  
21 I'm ordering the larger sizes, because I might  
22 have had -- I might have been ordering 300  
23 hundreds and now I'm -- instead of all of the  
24 labor involved with that, I ordered larger sizes

1 of that particular item.

2 Q. So we're talking about bottles of  
3 tablets?

4 A. Bottles.

5 Q. Right?

6 A. Of tablets.

7 Q. Of tablets?

8 A. Yes.

9 Q. Okay. So maybe you're ordering  
10 300 bottles of 100 tablets?

11 A. I'm making that number up, but  
12 yes. A higher --

13 Q. I'm just saying hypothetically.

14 A. Hypothetically a higher number of  
15 hundreds instead of us pulling five to equal  
16 500, I went to the larger size to get rid of the  
17 labor of receiving, putting away and pulling  
18 more hundreds than just a bottle of -- one  
19 bottle of 500 for that quarter.

20 Q. So based on this e-mail and your  
21 recollection, is it your testimony that you  
22 didn't actually order four times the number of  
23 tablets; it's just sort of a switcheroo?  
24 Explain -- I'm just trying to understand --

1           A.       That's my understanding of this,  
2       because that is how I have handled things  
3       before. If we ordered larger quantities of a  
4       smaller size, we do a conversion. And if I've  
5       always ordered like -- and I'm making these  
6       numbers up, but if I ordered 24 bottles of 500,  
7       I might have ordered 96 bolts of 500 and not  
8       ordered the smaller size.

9                    Maybe I was ordering whatever the  
10      equivalent of that is, but, you know, maybe I  
11      was ordering 600 bottles or whatever it was.  
12      You know what I'm saying? And then I converted  
13      it to the 500s.

14           Q.       So here's -- there's two parts of  
15      this that I don't get.

16           A.       Okay.

17           Q.       Okay. She's saying that you are  
18      ordering four times your normal order  
19      quantities, right? And that could only mean two  
20      things. You're either ordering four times as  
21      many pills or four times as many bottles. It's  
22      one or the other, right?

23           A.       Four times as many bottles.

24           Q.       Okay.



1                   A.       Larger bottles.

2                   Q.       Okay. So you're ordering four  
3 times as many bottles, but your response is that  
4 you've cut down on it and you've ordered larger  
5 sizes. So if you had -- if you're ordering  
6 larger bottles and more -- four times more, that  
7 would suggest that you're ordering exponentially  
8 more tablets.

9                               Do you see what I'm saying?

10                  A.       I do, but I know what I'm saying  
11 as well. If I ordered a large quantity of a  
12 smaller size, I'm converting that to the 500  
13 count. I mean, I could have been ordering 1200  
14 bottles of 100. I am ordering more of the  
15 larger size, which could be four times the  
16 amount. I might have always ordered 24 bottles  
17 of 500. I raised that. I'm getting rid of the  
18 hundreds. They're going to leave the warehouse.

19                  Q.       But in that situation, nothing has  
20 increased. Your tablets are the same,  
21 hypothetically, but your bottle count went down.  
22 So that doesn't jibe with what she's telling you  
23 in this e-mail. That's what I don't understand.

24                  A.       I believe she's saying -- and I'm

1     sorry.    She's saying I'm ordering more quantity  
2     of pills -- well, no, because I'm ordering more  
3     of the larger size to compensate for the smaller  
4     size that I used to carry.

5             Q.     But her e-mail indicates that your  
6     order was four times larger than normal.    So  
7     either your bottles -- you had four times more  
8     bottles or four times more pills, and your  
9     explanation doesn't address either of those  
10    situations.    So that's what I'm -- that's where  
11    I'm lost.

12            A.     Ask me another question --

13            Q.     Because if you --

14            A.     -- because I -- that's the only  
15    way I can explain it, so I want --

16            Q.     Okay.    So let's say hypothetically  
17    that she's identified that instead of ordering  
18    100 pills you ordered 400.

19            A.     Okay.

20            Q.     Okay.    And she's saying, "Hey, you  
21    ordered 400 pills this month instead of 100.  
22    What's going on?"

23                   And you wrote back and said, "I've  
24    cut down on the hundreds and ordered larger

1 sizes."

2 So I don't understand how that is  
3 an explanation for ordering more tablets.

4 A. Because I probably didn't order  
5 100 count size bottles, so for every five  
6 bottles of 100, I converted it to one bottle of  
7 500.

8 Q. Okay. So in that instance, you  
9 would have the same number of tablets but a  
10 quarter as many -- or a fifth as many bottles,  
11 right, which is not four times your normal order  
12 quantities.

13 Do you see what I'm saying?

14 We're going in circles, but your  
15 explanation doesn't answer that question, and I  
16 guess I just wanted to know --

17 A. But she's basing it off of that  
18 when I bought the larger sizes -- maybe I only  
19 used to buy 12 or 24 of them, and she's saying,  
20 this represents four times your normal order  
21 quantities, because if you multiply out how many  
22 more 500s I'm getting rather than not ordering  
23 the 100s, that's where she's saying it's four  
24 times greater. So --

1           Q.     Let's do this:  When she says  
2     "four times your normal order quantities," is  
3     that bottles or pills?

4           A.     It is bottles of the larger size.

5           Q.     So she's saying you're ordering  
6     four times more bottles and they're a bigger  
7     size, too, so way more pills?

8           A.     No.  No, because my 100s are gone  
9     now, and that's why I put, "I'm converting my  
10    100s to my 500s."  I'm not ordering 100s  
11    anymore.  So I have to -- for every 500s, I  
12    converted to the larger size.

13                   And she's saying, "Wow, your order  
14    for your larger sizes is higher."

15                   That's why I wrote back, "I'm not  
16    going to carry the 100s anymore or I might only  
17    carry very little."

18                   So I did a conversion and I'm  
19    ordering more 500-count bottles.  So I'm  
20    ordering not more pills because I'm not ordering  
21    the 100s as well.  I'm ordering more of the  
22    larger quantity so we're pulling one bottle  
23    instead of five small ones.

24           Q.     Okay.  So would your order include

1 orders for 100 bottle -- 100 tablet bottles and  
2 500 tablet bottles, is that what you're saying?  
3 And so then you just went like this  
4 (indicating)? Is that --

5 A. I probably did not order 100s on  
6 this order.

7 Q. Okay. But when she says "four  
8 times your normal quantity," you're talking  
9 about bottles?

10 A. Yes.

11 Q. Okay.

12 A. The larger bottles.

13 Q. And was your explanation here  
14 sufficient for her, that you recall?

15 A. I do not remember, but being that  
16 I -- they do conversions like that for us,  
17 especially when they look at my 100s history,  
18 and then they figure out the conversion. And,  
19 yes, usually this would suffice because they do  
20 by per pill.

21 Q. What is the -- who is Aimee  
22 Cooper?

23 A. She is the representative that  
24 used to be at Qualitest. So she was like the

1 customer service -- she probably received the  
2 order. They analyze it. They ask questions, if  
3 there are any. And then they ship it out.

4 Q. Is she from Endo Pharmaceuticals?

5 A. No. She's from Qualitest. And  
6 Qualitest was owned by Endo.

7 Q. Okay. Did -- were you getting  
8 this hydrocodone from Endo?

9 A. From Qualitest.

10 Q. Okay. You were also getting  
11 hydrocodone at this time from Cardinal, right?

12 A. I was not. What's the date? No.  
13 No.

14 Q. This was before it became  
15 Schedule II?

16 A. This was before everything.

17 Q. Okay.

18 A. Yep.

19 - - -

20 (DDM-Strang Exhibit 22 marked.)

21 - - -

22 Q. All right. We're on Exhibit 22.

23 This is DDM58459. And we're going to start on  
24 the first page at the bottom. This is an e-mail

1 from Laura Shinkle to Leslie Arend on  
2 September 22, 2014.

3 Do you see that?

4 A. Yes.

5 Q. Do you know who those people are?

6 A. I do not know Laura, but I do know  
7 Leslie was our -- another account rep after  
8 Brandon for Cardinal.

9 Q. Okay. And this e-mail, if you  
10 look at the top, was eventually forwarded to  
11 you.

12 Do you see that?

13 A. Yes.

14 Q. Okay. And it says, "Good  
15 afternoon. The below order placed 9/21 caused  
16 the customer to exceed its maximum accrual limit  
17 for the drug family specified for accrual period  
18 ending 9/21. The order has been cut, reported  
19 as suspicious to the DEA and will not be  
20 shipped."

21 Do you see that?

22 A. Yes.

23 Q. And then it says underneath that,  
24 drug family is hydrocodone, right?

1 A. Yes.

2 Q. And the threshold limit was 6000,  
3 right?

4 A. Mm-hmm.

5 Q. And that --

6 A. Yes.

7 Q. And then the order that was tried  
8 to be placed was double the threshold limit at  
9 12,000, right?

10 A. Yes.

11 Q. Okay. And you got this e-mail,  
12 right?

13 A. I did.

14 Q. So does this refresh your  
15 recollection about Cardinal cutting orders  
16 placed by DDM stores and reporting them to the  
17 DEA as suspicious?

18 A. I do not remember this e-mail, but  
19 because I am not directly involved with this, I  
20 did not commit it to memory that it was  
21 suspicious, sent to the DEA, the thresholds, all  
22 of that, because it was from the wholesaler.

23 Q. Do you know why Tom would copy you  
24 and Jason on this?



1           A.     To make us aware because he was --  
2     let me see here. I think just to make us aware.

3           Q.     Okay. Well, when you would get an  
4     e-mail like this, you didn't pay much attention  
5     to it, right?

6           A.     For this one, I did not because it  
7     was one of our stores and it was not my position  
8     to investigate or to look into any of this --

9           Q.     Okay. So you --

10          A.     -- because it was Cardinal to the  
11     store.

12          Q.     You didn't do any due diligence to  
13     determine whether this store was behaving  
14     appropriately?

15          A.     I did not.

16                     - - -

17                     (DDM-Strang Exhibit 23 marked.)

18                     - - -

19          Q.     Okay. This is Exhibit 23, which  
20     is DDM106436. And this is an e-mail from Leslie  
21     Arend to you directly, copying Jason Briscoe and  
22     Pete Ratycz.

23          A.     Mm-hmm.

24          Q.     And it's dated May 7, 2015.

1 Do you see that?

2 A. Mm-hmm, see.

3 Q. Okay. And it says, "Hi, Jill.

4 Please see the below order for DDM number 33.

5 I'm guessing on the quantity order it was a fat

6 finger, but it may be best to verify with the

7 store."

8 Do you see that?

9 A. Yes.

10 Q. And then down below it says, "The

11 customer's order for 24,500 dosage units of

12 hydrocodone caused the customer to exceed its

13 maximum accrual limit of hydrocodone for the

14 accrual period."

15 Right?

16 A. Yes.

17 Q. And then it says that, "That order

18 was cut, reported as suspicious to the DEA and

19 will not be shipped."

20 Right?

21 A. Correct.

22 Q. Okay. And after reviewing the

23 available information, Leslie determined that a

24 threshold adjustment was not warranted and that

1 the customer's threshold would remain at 19,000,  
2 right?

3 A. Correct.

4 Q. Okay. Did you do anything to  
5 investigate this cut and reported suspicious  
6 order?

7 A. I did not because, again, it was  
8 from the wholesaler to the store, so Jason  
9 probably took it from here.

10 Q. Okay. But you agree this is just  
11 another example of a suspicious order that's  
12 been reported to the DEA and cut by Cardinal,  
13 right?

14 A. Yes. Okay. And I do want to say  
15 that she says, "Was it a fat-finger order?" So  
16 some of these --

17 Q. Well, she's saying it could have  
18 been, right?

19 A. Could have been.

20 Q. Okay.

21 A. Yes.

22 Q. But you'd agree that this order  
23 was cut, reported as suspicious to the DEA and  
24 was not shipped, right?

1 A. Yes.

2 Q. And that was because it exceeded  
3 Cardinal's thresholds?

4 A. Yes.

5 - - -

6 (DDM-Strang Exhibit 24 marked.)

7 - - -

8 Q. Okay. 24 is DDM13132. This is an  
9 e-mail from Leslie Arend at Cardinal Health  
10 again to you and Jason Briscoe.

11 Do you see that?

12 A. Yes.

13 Q. And this is dated October of 2015.  
14 And the importance is high. And it says, "Good  
15 morning, Jill and Jason. Our QRA team has  
16 requested store visits for DDM stores 76, 69, 71  
17 and 30."

18 Do you see that?

19 A. Yes.

20 Q. Do you know why Cardinal Health  
21 would request a store visit to -- for specific  
22 stores?

23 A. I do not.

24 Q. Did you question why they would

1     need to visit these stores?

2                   A.     Jason took those. Jason or Pete  
3     would take this.

4                   Q.     So this isn't something that you  
5     would have dealt with?

6                   A.     Not at all.

7                   Q.     And then it says down below, "Pat  
8     Kelly from Cardinal Health will be performing  
9     the site visits. He has requested to have the  
10    information below by next Tuesday at which point  
11    he can coordinate a day, time for a site visit."

12                             Do you see that?

13                   A.     Yes, I do.

14                   Q.     All right. And if you look below,  
15    he's asking each pharmacy to provide a  
16    three-month controlled substance dispensing  
17    report for all C-IIs through C-Vs. The only  
18    data he needs is the NDC, drug name, DEA code,  
19    and amount dispensed.

20                             Do you see that?

21                   A.     I do.

22                   Q.     Okay. And then if you go to the  
23    next page -- let me ask this question. Would it  
24    have been easy to gather that information?

1           A.     I would not, but I would assume  
2     that they could request the report from our IT  
3     department.

4           Q.     Okay.

5           A.     And, in fact, that's what Jason  
6     would have had to do, and I'm also not involved  
7     in any site visits. So I think Jason took this  
8     one.

9           Q.     Okay. All right. And if you go  
10    down further, it asks for answers to the below  
11    questions for each one. It says, 1 is, "Average  
12    total number of all prescriptions dispensed per  
13    day, including both controlled and  
14    non-controlled."

15                   Do you see that?

16          A.     Yes.

17          Q.     And that's information that DDM  
18    can gather and provide?

19          A.     Yes.

20          Q.     Okay. And 2 is, "Average number  
21    of controlled substances C-II through C-V  
22    prescriptions dispensed per day."

23                   Do you see that?

24          A.     Yes.

1 Q. And DDM has that information as  
2 well?

3 A. I believe so, yes.

4 Q. Okay. 3 is, "Average number of  
5 all prescriptions paid for in cash per day."

6 Do you see that?

7 A. Yes.

8 Q. Do you know why they'd want that  
9 information?

10 A. I do not.

11 Q. Do you know the significance of a  
12 prescription being paid for in cash?

13 A. No.

14 Q. All right. 4 is, "Average number  
15 of controlled substance C-II through C-V  
16 prescriptions paid for in cash per day."

17 Do you see that?

18 A. Yes.

19 Q. Okay. And 5 is, "How many days  
20 per month is the pharmacy open for business?"

21 Do you see that?

22 A. Yes.

23 Q. All right. I mean, all that  
24 information is stuff that you guys at DDM could

1 gather and provide, right?

2 A. Yes.

3 Q. Okay. Did you ever consider any  
4 of that to be information, or did anybody else  
5 ever consider that to be information as part of  
6 the DDM suspicious order monitoring policies and  
7 procedures?

8 MR. JOHNSON: Objection.

9 A. I don't know.

10 - - -

11 (DDM-Strang Exhibit 25 marked.)

12 - - -

13 Q. Exhibit 25 is DDM355119. This is  
14 an e-mail chain that you were eventually added  
15 to. If you look at the bottom, it's from Holly  
16 Turner to Pete Ratycz.

17 Do you know who Holly Turner is?

18 A. I believe she's a pharmacist for  
19 us.

20 Q. Okay. And this is in April of  
21 2007, and the subject was "Vicodin counts."

22 Do you see that?

23 A. Yes.

24 Q. It says, "Pete, here are the pill



1 counts that you wanted."

2 And then she provides counts of  
3 Vicodin, brand, and generic, correct?

4 A. Yes.

5 Q. Do you -- well, let's go -- look  
6 to the next e-mail. So then Pete responds -- or  
7 it looks like he forwards it to Lisa Biancardi,  
8 Laura Taylor, and you, correct?

9 A. Yes.

10 Q. And copies Tom Nameth. And it  
11 looks like this relates to DDM Number 32, right?

12 A. Correct.

13 Q. And the sentences starts, "When it  
14 rains, it pours. Now DDM 32. At least it's not  
15 a two-year span."

16 Do you know what that's referring  
17 to?

18 A. I do not.

19 Q. You have no idea?

20 A. No, I don't.

21 Q. Okay. Would this suggest that  
22 Vicodin pills were missing and that this had  
23 been happening in multiple stores?

24 MR. JOHNSON: Objection.

1                   A.       I do not know.

2                   Q.       Okay.  If you go up above, there's  
3   no top to this e-mail.  All we have is  
4   "Importance high."  And it says, "Number 32 did  
5   not return any Vicodin or Vicodin ES to return  
6   solutions."

7                               Do you see that?

8                   A.       Yes.

9                   Q.       Okay.  Do you know what the  
10  significance of that is?

11                  A.       If they had any outdated returns.

12                  Q.       Okay.  But you have no idea what  
13  this e-mail is talking about?

14                  A.       I do not, other than my name on it  
15  and I would have given them the report they  
16  wanted, and I would have requested a report from  
17  ABC.

18                               - - -

19                               (DDM-Strang Exhibit 26 marked.)

20                               - - -

21                  Q.       Okay.  Exhibit 26 is my last one.  
22  This is the DDM organizational chart.  If you  
23  had to, where would you put yourself on this?

24                  A.       I would be under Pete Ratycz, vice

1 president.

2 Q. So would we basically draw a line  
3 down under the Pete Ratycz and put a box here  
4 for Jill?

5 A. Correct.

6 Q. And would you be on the same level  
7 as Dave Svenson and Nimesh Patel?

8 A. No.

9 Q. Above or below?

10 A. Probably -- well, some might say  
11 I'm on the same level, but I would say below.  
12 But I'd probably -- they're running -- Nimesh is  
13 running Gentry Health. I'm running the  
14 warehouse. Dave is running Home Health Care.

15 Q. Okay. And the warehouse, does  
16 that include more than just prescription drugs?

17 A. Our warehouse -- I run the  
18 prescription -- the pharmacy warehouse.

19 Q. Okay.

20 A. And we are attached to the main  
21 warehouse.

22 Q. So your warehouse only has  
23 prescription drugs in it?

24 A. Yes.

1 Q. Okay. And you report directly to  
2 Pete?

3 A. Yes.

4 Q. And you have for the 21 years  
5 you've been in that role?

6 A. There was someone else before him.  
7 I don't -- I think him and Tom flip-flopped  
8 positions.

9 Q. Okay. Do you know who that was?

10 A. Well, Forrest was -- Forrest Stout  
11 was one of the names. I've got to go back a  
12 ways. And then Tom and then Pete.

13 Q. Okay. And Pete reports to Doug  
14 Boodjeh, right, who's the COO?

15 A. Yes.

16 Q. And under Doug Boodjeh's  
17 responsibilities, that includes pharmacy, right?

18 A. Yes.

19 Q. Okay. What's the highest level of  
20 education that you have?

21 A. A college degree.

22 Q. Where did you go to college?

23 A. Bowling Green State University.

24 Q. Okay. And did you graduate?

1 A. I did.

2 Q. And what was your major?

3 A. My major was liberal arts. I  
4 started as a business degree and ended with  
5 liberal arts.

6 Q. Okay. Do you have a master's  
7 degree?

8 A. No.

9 Q. Okay. Do you have any education  
10 after your undergraduate?

11 A. No.

12 Q. Do you have any -- so your degree  
13 wasn't science-based?

14 A. No.

15 Q. Okay. So you don't have a  
16 pharmacy degree --

17 A. I do not.

18 Q. -- or PharmD? Okay.

19 MR. JOHNSON: You jumped out on  
20 his question again.

21 THE WITNESS: Sorry.

22 Q. All right. And after you -- what  
23 year did you graduate Bowling Green?

24 A. 1993.

1           Q.     Okay. And what was your first job  
2 after you graduated?

3           A.     I've worked for Discount Drug Mart  
4 for 33 years. So I worked for the store all the  
5 way through college. And then I went to our  
6 corporate office in 1993, and I was the  
7 assistant to the director of operations for two  
8 years right out of college.

9           Q.     Okay. So you worked at DDM in  
10 college. And then as soon as you graduated, you  
11 went to the corporate headquarters?

12          A.     Yeah. I've worked there -- I  
13 worked all my teenage years, all through high  
14 school, all through -- yeah. I was 14.

15                     So I've been there. And then I  
16 decided to try for -- to apply at corporate, and  
17 then I got that job. Then I was asked to take  
18 over the pharmacy warehouse and the pharmacy  
19 buying. I worked in the warehouse for two years  
20 as a puller and watched all the behind the  
21 scenes and knew what I could improve on. And  
22 then I became the buyer and the pharmacy  
23 supervisor in November of 1997.

24          Q.     You anticipated a lot of my

1 questions there.

2 A. Sorry.

3 Q. No. That's good.

4 Do you report to anybody else  
5 other than Pete?

6 A. No.

7 Q. Did you ever meet with Doug  
8 Boodjeh?

9 A. I mean, I meet with him because he  
10 owns the company, but not --

11 Q. What kind of a context would you  
12 meet with him?

13 A. Just to say "hi" and "how are  
14 things going" and how am I doing.

15 Q. Are there ever any sort of like  
16 scheduled DDM corporate meetings that occur on a  
17 regular basis?

18 A. No, no. I was -- I was thinking  
19 you were going towards the wholesaler that we  
20 meet quarterly, but no.

21 Q. Okay.

22 A. Discount Drug Mart -- no. We  
23 every once in a while have a department head  
24 meeting. But other than that, no.

1 Q. Have you ever sat in a meeting  
2 with any of the Boodjehs to discuss DDM's  
3 obligations under the Controlled Substances Act?

4 A. No.

5 Q. Have you ever discussed that topic  
6 with them at all?

7 A. No.

8 Q. Have you ever been included on an  
9 e-mail in which that topic was being discussed?

10 A. Not with them, no.

11 Q. Do you know whether they play any  
12 role in making sure that DDM fulfills its  
13 obligations under the Controlled Substances Act?

14 A. I do not, no.

15 Q. Would you expect that they do?

16 MR. JOHNSON: Objection.

17 A. I don't know.

18 Q. How closely do you work with  
19 Mr. Ratycz?

20 A. Close. I'm in the same hallway.

21 Q. You said that you're two offices  
22 away from each other, right?

23 A. Yes.

24 Q. Was Tom Nameth two offices away



1 from you, too?

2 A. Yes. We've remodeled since then.

3 But, yes, we were all in the same hallway.

4 Q. How often would you discuss with  
5 Mr. Ratycz DDM's obligations to monitor  
6 suspicious orders under the Controlled  
7 Substances Act?

8 A. We didn't.

9 Q. You didn't?

10 A. We didn't.

11 Q. You never discussed that with him?

12 A. I do not believe so, no.

13 Q. Okay. Did you ever discuss DDM's  
14 obligations to monitor suspicious orders under  
15 the Controlled Substances Act with Tom Nameth?

16 A. I'm sure we have.

17 Q. Do you recall any instance where  
18 you did?

19 A. I do not recall. He's been  
20 retired for quite a few years.

21 Q. How often do you discuss DDM's --  
22 if at all, DDM's obligations to monitor  
23 suspicious orders under the Controlled  
24 Substances Act with Jason Briscoe?

1           A.     Same as Tom. Even when I was  
2     writing VAWD and all of that, I didn't have  
3     sit-down conversations and lengthy meetings  
4     about any of it, so I ...

5           Q.     So you think you did; you just  
6     don't remember it?

7           A.     I honestly do not remember.

8           Q.     And aside from the VAWD  
9     accreditation, do you recall -- ever recall a  
10    time where you discussed it with any of them?

11          A.     No.

12                MR. MULLIGAN: Let's just go off  
13     the record for a second, and let's see  
14     if I have any other questions, and then  
15     I may be done.

16                THE VIDEOGRAPHER: The time is now  
17     2:43. Going off the record.

18                (Recess taken.)

19                THE VIDEOGRAPHER: The time is now  
20     2:46. Back on the record.

21    BY MR. MULLIGAN:

22           Q.     Okay. So we talked about a lot of  
23     stuff today that you and others did at DDM  
24     regarding suspicious order monitoring, correct?

1 A. Correct.

2 Q. Is there anything else that  
3 anybody at DDM did that you know of that we  
4 haven't talked about?

5 A. Not that I know of.

6 Q. Okay. And I know you said your  
7 understanding of the Controlled Substances Act  
8 you sort of acquired through on-the-job  
9 training, correct?

10 A. Correct.

11 Q. And is it your testimony today  
12 that DDM's suspicious order monitoring policies  
13 and procedures satisfied its obligations under  
14 the Controlled Substances Act?

15 MR. JOHNSON: Objection.

16 A. I know -- they're not in writing,  
17 but I do believe that we did follow what we  
18 needed to do.

19 Q. So it's your -- it's your  
20 testimony and your belief that DDM fulfilled its  
21 obligations under the Controlled Substances Act,  
22 correct?

23 MR. JOHNSON: Objection.

24 A. For the orders coming to the

1 warehouse and leaving the distribution center,  
2 yes.

3 Q. Okay. So within your box?

4 A. Yes.

5 Q. You don't know outside of that?

6 A. Yes.

7 Q. Okay. And it's also your  
8 testimony that there's nothing else that DDM  
9 could have done to identify suspicious orders or  
10 prevent diversion other than what it did do,  
11 correct?

12 MR. JOHNSON: Objection.

13 A. I don't know.

14 Q. You don't know? So maybe there  
15 were things you could have done. You just don't  
16 know what they are?

17 A. Anything could always be improved.  
18 But I feel that what we were doing was  
19 identifying the order errors that we needed to  
20 identify.

21 Q. So your testimony is that you  
22 think what DDM did was sufficient, but you don't  
23 know whether there's more you could have done;  
24 is that fair?

1           A.     I don't know.

2           Q.     So you don't have any -- you're  
3     not taking any position about whether there's  
4     more that DDM could have done to prevent against  
5     diversion? You can't emphatically say that  
6     there wasn't?

7           A.     Looking at everything the way I  
8     see it come through, no. I think -- I used what  
9     I had and the tools that we have in place.

10          Q.     Having seen those documents  
11     where -- when Cardinal posts thresholds, orders  
12     started getting cut left and right, does that  
13     make you think that maybe DDM could have done  
14     more prior to that time?

15                   MR. JOHNSON: Objection.

16          A.     I do not.

17          Q.     You don't think they could have  
18     done anything more?

19                   MR. JOHNSON: I guess objection.

20                   It's the same question, I guess, but ...

21          A.     I'm trying to think.

22          Q.     I think she's thinking about  
23     something.

24          A.     I'm trying to think, but -- the

1 orders that we get are order errors. They're  
2 not suspicious orders when they're ordering, you  
3 know, two instead of one, and we're looking at  
4 the history.

5 So to set thresholds, that's what  
6 Cardinal does because they don't -- we're a  
7 number -- we're a number to them. For me, our  
8 stores are our customers. And I know the busy  
9 ones. I know the ones that are not as busy. I  
10 know all of the pharmacists. So I feel that had  
11 we had thresholds in place, of course, we would  
12 have used them, but we didn't. And I base all  
13 of our knowledge, all of the intervention of  
14 everybody involved, including from the  
15 pharmacists when they placed the order to all of  
16 the tools until it left the distribution center,  
17 that we did everything we could that it was not  
18 a suspicious order. It was if there were any  
19 order errors. As few as there were, they were  
20 not suspicious.

21 Q. But you didn't do anything to  
22 determine whether they were suspicious or not,  
23 right? I mean, you've already said that today.

24 MR. JOHNSON: Objection.

1           Q.     I'm just trying to understand  
2     because you're using "order errors" and  
3     "suspicious orders" as the same, but I --

4           A.     No.

5           Q.     I think they're different, right?

6           A.     They are different, but any order  
7     error -- when I looked at all the tools that I  
8     was given, we made the judgment call. And --  
9     and if I sent out an extra bottle of something  
10    and it went to the store, it's that store's  
11    responsibility to make sure that those  
12    prescriptions and everything was lawful. And,  
13    again, using the reports that we have, if it  
14    didn't seem that way, you know, there was  
15    follow-up on that.

16          Q.     Okay. So my question to you was,  
17    having seen the documents where Cardinal imposed  
18    thresholds, does that make you think DDM could  
19    have done more prior to that time?

20                 MR. JOHNSON: Objection.

21          Q.     Because we saw thresholds were put  
22    in place. All of a sudden, orders are getting  
23    cut and reported to the DEA. Presumably that's  
24    the first time any DDM order had ever been

1 reported to the DEA, right?

2 A. Correct, from -- well, I should  
3 say from them. I can't base what their orders  
4 were. I don't know if that was a fat finger. I  
5 don't know if that was them intentionally trying  
6 to get something. I don't know. But that --  
7 those quantities are not what we see at the  
8 warehouse.

9 Q. Well, you'd agree that Cardinal --  
10 Cardinal, unlike DDM, reported fat-finger  
11 reports to the DEA, didn't they?

12 MR. JOHNSON: Objection.

13 A. They reported them as suspicious.

14 Q. Correct. But DDM never did that,  
15 right?

16 A. We never had --

17 MR. JOHNSON: Objection.

18 THE WITNESS: I'm sorry.

19 MR. JOHNSON: Go ahead.

20 A. We looked at it as an order error,  
21 and we confirmed what the store really needed.

22 Q. So Cardinal -- in terms of  
23 reporting, Cardinal's system was more sensitive,  
24 and they reported more to the DEA than DDM did,



1 right?

2 MR. JOHNSON: Objection.

3 A. I would say that because they're a  
4 bigger entity than us, and they have way more  
5 customers, that they are only basing it on true  
6 numbers.

7 Q. Well, you're speculating with  
8 that. I'm just asking you whether they were --  
9 they were reporting orders that you wouldn't  
10 have reported; is that fair?

11 MR. JOHNSON: Objection.

12 A. It's not fair.

13 Q. Explain that to me.

14 A. Because it's not that I wouldn't  
15 have reported it. I confirmed something that  
16 was an order error based on the quantity.  
17 Again, if we go back to an example of a huge  
18 quantity, but they're so few and far between  
19 when they do come up, that when I can -- when I  
20 feel good about looking at their history and  
21 confirming it with the pharmacist and confirming  
22 it with everybody else in our chain, you know,  
23 as far as history.

24 Q. You're going in circles around me,

1 and I know what --

2 A. Sorry.

3 Q. -- you're doing, and it's okay.

4 But we can go back and look at a document.

5 Do you remember the document where  
6 they notified you guys that there was an order  
7 that was cut, it was reported to the DEA as  
8 suspicious, and it wasn't shipped, and then they  
9 said, "Maybe it was a fat finger," right?

10 A. Correct.

11 Q. So they already reported it to the  
12 DEA before they asked whether it was a fat  
13 finger, right?

14 A. They cut it.

15 Q. Yeah. But you -- if it had been  
16 you, there wouldn't have been a threshold. You  
17 would have looked at it, and then you would have  
18 done some diligence, due diligence, and then  
19 you -- well, you didn't, because you never  
20 did -- you would not have reported that to the  
21 DEA, right?

22 A. I did do my due diligence.

23 Q. But you didn't ever report  
24 anything to the DEA?

1           A.     I did not.

2           Q.     Okay. You would identify the fat  
3     finger situation, fix it or resolve it, work it  
4     out, but it wouldn't get reported; whereas  
5     Cardinal reports it, and then after the fact,  
6     you've got to go and figure out what happened,  
7     right?

8           A.     Yes. Probably because, again, we  
9     know our customers. So our customers are the  
10    stores, and I'm -- I'm not going to look at it  
11    as -- I'm going to look at it as "Let's fix  
12    this" because it was wrong when it came over.

13          Q.     Okay. And so I'm going back to my  
14    question I asked you before, which is you would  
15    agree, based on these documents, that Cardinal's  
16    reporting system to the DEA was more sensitive  
17    than DDM's in that they would report more stuff  
18    than you would?

19                   MR. JOHNSON: Objection.

20          A.     They see way more orders than I  
21    do.

22          Q.     That's not an answer to my  
23    question.

24          A.     But I don't know how to answer

1 your question.

2 Q. Okay. That fat finger one that  
3 they cut, would you have reported that to the  
4 DEA?

5 A. No, because it would --

6 MR. JOHNSON: Objection.

7 But go ahead.

8 A. No, because it wouldn't -- when it  
9 came over, it would have been investigated and  
10 looked at --

11 Q. Right.

12 A. -- and stopped before it left the  
13 distribution center.

14 Q. Right.

15 A. They just automatically cut.

16 Q. But they didn't send it either,  
17 did they?

18 A. They automatically cut it. They  
19 didn't even ask any questions.

20 Q. Right. So they cut it, didn't  
21 ship it, and reported it. You would have  
22 called, stopped it, but not reported it, fair?

23 A. Fair, as an order, yes.

24 Q. And you -- because you've never

1     reported a single suspicious order to the DEA  
2     ever, right?

3             A.     Correct.

4             MR. MULLIGAN:   Okay.   No further  
5     questions.

6             THE VIDEOGRAPHER:   The time is now  
7     2:55.   This concludes the deposition.  
8     Going off the record.

9             (Signature not waived.)

10            - - -

11            Thereupon, at 2:55 p.m., on Thursday,  
12   January 3, 2019, the deposition was concluded.

13            - - -

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1 CERTIFICATE

2 STATE OF OHIO :

SS:

3 COUNTY OF \_\_\_\_\_:

4

5 I, JILL A. STRANG, do hereby certify that I  
6 have read the foregoing transcript of my  
7 cross-examination given on January 3, 2019; that  
8 together with the correction page attached hereto  
9 noting changes in form or substance, if any, it is  
10 true and correct.

11

\_\_\_\_\_  
JILL A. STRANG

12

13 I do hereby certify that the foregoing  
14 transcript of the cross-examination of JILL A. STRANG  
15 was submitted to the witness for reading and signing;  
16 that after he had stated to the undersigned Notary  
17 Public that he had read and examined his  
18 cross-examination, he signed the same in my presence  
19 on the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

20

\_\_\_\_\_  
NOTARY PUBLIC - STATE OF OHIO

21

22

23 My Commission Expires:

24 \_\_\_\_\_, \_\_\_\_\_.

CERTIFICATE

STATE OF OHIO

:

SS:

COUNTY OF FRANKLIN :

I, Carol A. Kirk, a Registered Merit Reporter and Notary Public in and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named JILL A. STRANG was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth in the cause aforesaid; that the deposition then given by him was by me reduced to stenotype in the presence of said witness; that the foregoing is a true and correct transcript of the deposition so given by him; that the deposition was taken at the time and place in the caption specified and was completed without adjournment; and that I am in no way related to or employed by any attorney or party hereto or financially interested in the action; and I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Columbus, Ohio on this 8th day of January 2019.

CAROL A. KIRK, RMR

NOTARY PUBLIC - STATE OF OHIO

My Commission Expires: April 9, 2022.

- - -

1 DEPOSITION ERRATA SHEET

2 I, JILL A. STRANG, have read the transcript  
of my deposition taken on the 3rd day of January 2019,  
3 or the same has been read to me. I request that the  
following changes be entered upon the record for the  
4 reasons so indicated. I have signed the signature  
page and authorize you to attach the same to the  
5 original transcript.

6 Page Line Correction or Change and Reason:

7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
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24	Date _____	Signature _____	